# EXHIBIT "1"

### **BUSINESS RECORDS CERTIFICATE**

STATE OF DHIO
COUNTY OF Hemilton

THIS IS TO CERTIFY THAT the copies of documentation enclosed in GREAT AMERICAN INSURANCE COMPANY's (hereinafter the "Company") response to Conterra Holdings, LLC's, as servicing agent for Rooster Capital LLC, a Delaware Limited Liability Company's (hereinafter "Conterra") Subpoena for Rule 2004 Examination are true and correct copies of business records kept in the regularly conducted course of business of the Company. It is the ordinary course of the Company's business to keep and maintain the below-described records, and the below-described records were prepared at or near the time of the transactions described in the records. The below-described business records were prepared, kept and maintained at the Company's direction and under its supervision by a person with knowledge of such facts or by using information transmitted by a person with knowledge of such facts. Affiant's duties with the Company include the supervising of the storing and maintaining of the below-described records.

I declare and certify under penalty of perjury that the foregoing is true and correct.

So certified, this the day of April 2021.

RECORDS CUSTODIAN

For: GREAT AMERICAN INSURANCE COMPANY

Print Name: Christophov P. Henry

Albany 618 #2 North Westover Boulevard GREATAMERICAN, Albany, GA 31707

# Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 3 of 77 Multiple Peril Crop Insurance Acreage Reporting Form

03/11/2016

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Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 4 of 77 Acreage Reporting Form - Effective for the 2016 Crop Year Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney Page: 2 of 6 Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL Flagler County (35) Potatoes (84) (continued) 0001-0003-OU Irrigated Yes □ No 3/15/2016 Group B 31-11S-29E 1.000 278 3 Field Sub FID FSN Field Sub FID FSN Tract Field Sub FID Date **FSN** Tract Acres Date Tract Date Acres Acres 0001-0004-OU Yes Irrigated 3/15/2016 No 1.000 Group B 5-12S-29E 270 4 FSN Tract Field Sub FID Acres Date FSN' Tract Field Sub FID Acres Date FSN Tract Field Sub FID Acres Date 0001-0006-OU Irrigated Yes Group B No 1.000 3/15/2016 2-12S-28E 297 235 6 Field Sub FID **FSN** Tract Field Sub FID Date FSN Tract Field Sub FID Date **FSN** Tract Acres Date Acres Acres 12.5 2-1-2016 15 2-12-16 27.4 2-24-16 G7 G5 297 6 303 2. 297 303 303 34.1 2-8-16 303 303 43 0001-0007-OU Irrigated Yes ☐ No Group / B 1.000 3/15/2016 2-12S-28E 234 297 7 Field Sub Field Sub FID Tract FID Field Sub FID FSN Tract Date **FSN** Acres Date FSN Tract Acres Date Acres 297 303 2 G7 297 17.3 2-18-16 303 G3 5

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 5 of 77 Acreage Reporting Form - Effective for the 2016 Crop Year Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC/BUNNELL, FL Page: 3 of 6 Flagier County (35) Potatoes (84) (continued) 0001-0008-OU Irrigated Yes 币 3/15/2016 No Group A 29-12S-29E 240 1.000 153 8 Field Sub FID Field Sub FID FSN Field Sub FID **FSN** Tract Acres Date FSN Tract Acres Date Tract Acres Date 310 310 6 G11 0001-0032-OU Yes Irrigated No 3/15/2016 Group A 33-12S-29E 214 1.000 26 9 Field Sub FID FSN Field Sub FID FSN Field Sub FID Tract Date Tract Acres Date FSN Tract Acres Date Acres 0001-0033-OU Irrigated Yes 3/15/2016 Group B 33-12S-29E No 218 1.000 26 10 Field Sub FID Field Sub FID FSN Field Sub FID **FSN** Tract Date FSN Tract Date Tract Acres Date Acres Acres 0001-0034-OU Irrigated Yes ☐ No 3/15/2016 Group A 2-12S-29E 1.000 228 11 Field Sub Field Sub FID **FSN Tract** FID Date **FSN** Tract Field Sub FID FSN Tract Acres Date Acres Date Acres

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Acreage Reporting Form - Effective for the 2016 Crop Year Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

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(Form M20101)

See Signature Page For Required Statements

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## Acreage Reporting Form - Effective for the 2016 Crop Year

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

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#### ACREAGE TYPE LEGEND

\*Acreage Type Legend: (1) Insured, (2) Insured-Acreage emerging from CRP initial crop year, (3) Insured - New Breaking, insured is able to substantiate acreage has previously been in production, (4) Insured - New Breaking by WA, (5) Insured - New Breaking by WA, unable to substantiate acreage has previously been in production, (6) Prevented planting, (7) Uninsurable, (9) Uninsurable due to 2nd crop provisions, (10) Uninsurable due to new breaking, insured unable to substantiate acreage has previously been in production. (12) Unreported acreage within same unit, (13) Unreported units, (14) Zero acreage report for county, (16) New breaking insurable by SPOI, (17) Insured - New Breaking, insured is unable to substantiate acreage has previously been in production, (18) Acreage elected under the ARC program, (19) Total native sod acreage greater than five acres insured under the terms of the policy due to subsequent year of planting, (20) Total native sod acreage greater than five acres insured under the terms of the Special Provisions, (21) Total native sod acreage greater than five acres insured by WA.

## COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or permitted by authorized procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penaltities or pursuit of other remedies.

#### NONDISCRIMINATION STATEMENT

#### Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

#### To File an Employment Complaint

If you wish to file an employment complaint, you must contact your Agency's EEO Counselor (Click the hyperlink for a listing of EEO Counselors), within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at <a href="http://www.ascr.usda.gov/complaint">http://www.ascr.usda.gov/complaint</a> filing file.html.

#### To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

#### Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

## **USDA Multiple Benefit Certification Statement**

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.



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Acreage Reporting Form - Effective for the 2016 Crop Year

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

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#### CERTIFICATION STATEMENT

## ANTI-REBATING STATEMENT(S)

## Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but

not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. &1006 and &1014; 7 U.S.C. &1506; 31 U.S.C. &3729, &3730 and any other applicable federal statutes).

3-12-2016 Mr Walton John Kinney Insured's Printed Name (Date)

"I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes."

I certify that I am responsible for establishing the approved APH yields that are used to calculate the production guarantees contained in this acreage report and that such approved APH yields are correct to the best of my knowledge.

3-12-2016 582 755 **ELBERT FRANKLIN TUCKER** (Agent's Code) Agent's Printed Name (Date)

William States



GREATAMERICAN.
INSURANCE COMPANY Crop Insurance Division

(Form M20101)

Albany, GA 31707

## Albany Case 3:18-bk-04194-JAF Multiple Fledio 10210 page surance

# Acreage Reporting Form Effective for the 2016 Crop Year

03/11/2016

Page: 1 of 6

INSURED: Mr Walton John Kinney C/O Johnny Kinney  Spouse's Name: Heather Kinney  Authorized Representative: Limited Authorized Rep:  Person Type: Spousal/Married  AGENT: ELBERT FRANKLIN TU ELBERT TUCKER INSU 1044 COUNTY ROAD 30 BUNNELL, FL 32110  POA:	NSURANCE INC  AD 305  Phone: (386) 437-4086  Fax: (386) 437-8405  S ✓ NO  Ins: Yield Unit Structure Options: None  Acree
Authorized Representative: POA:	ns: Yield Unit Structure Options: None Acrge
	ns: Yield Unit Structure Options: None Acrge
Is the Applicant insuring the Tenant's share? TYES VINO Is the Applicant insuring the Landlord's share? YES VINO	Iment Acrge
INSURED CROP SUMMARY FOR STATE: Florida Assignment of Indemnity to: None	Iment Acrge
Flagler County (35) Potatoes [84] EU Does not Qualify Plan: APH(90) Coverage Level: 75% % Price Election, Proj. Price. Options: Yie or Amt of Inst. 100% of Max. Adjustment	
Unit Options/Elections/ Farm Name High Risk Area (Map)  Farm ## Practice   Practice   Plant Date   Plant Date	Share Others Sharing in Crop Rpt Due
Farm# Practice Type/Class/etc. Section/Township/Range, FSA Farm/Tract/Field or Other Land Identifier	Share Others sharing in Crop
Acreage Type* (See legend)	
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Acreage Reporting	Form	- Effect@aseca: 18-bk-04494-34FYeQoc 165-1	Filed 04/07/21	Page 10 of 77

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Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

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Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

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REMARKS SECTION

(Form M20101)



## Acreage Reporting Form - Effect@as@a:18-bk-04694rJAFYeQoc 165-1 Filed 04/07/21 Page 13 of 77

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

#### ACREAGE TYPE LEGEND

\*Acreage Type Legend: (1) Insured, (2) Insured-Acreage emerging from CRP initial crop year, (3) Insured - New Breaking, insured is able to substantiate acreage has previously been in production, (4) Insured - New Breaking by WA, unable to substantiate acreage has previously been in production, (6) Prevented planting, (7) Uninsurable, (9) Uninsurable due to 2nd crop provisions, (10) Uninsurable due to new breaking, insured unable to substantiate acreage has previously been in production. (12) Unreported acreage within same unit, (13) Unreported units, (14) Zero acreage report for county, (16) New breaking insurable by SPOI, (17) Insured - New Breaking, insured is unable to substantiate acreage has previously been in production, (18) Acreage elected under the ARC program, (19) Total native sod acreage greater than five acres insured under the terms of the policy due to subsequent year of planting, (20) Total native sod acreage greater than five acres insured under the terms of the Special Provisions, (21) Total native sod acreage greater than five acres insured by WA.

## COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

#### NONDISCRIMINATION STATEMENT

#### Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

#### To File an Employment Complaint

If you wish to file an employment complaint, you must contact your Agency's EEO Counselor (Click the hyperlink for a listing of EEO Counselors), within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at <a href="http://www.ascr.usda.gov/complaint-filing-file.html">http://www.ascr.usda.gov/complaint-filing-file.html</a>.

#### To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

#### Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotage, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

## **USDA Multiple Benefit Certification Statement**

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.

Page: 5 of 6

Acreage Reporting Form - Effect@as@a:18-bk-04694rJAFYeQoc 165-1 Filed 04/07/21 Page 14 of 77

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

#### CERTIFICATION STATEMENT

## ANTI-REBATING STATEMENT(S)

## Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. &1006 and &1014; 7 U.S.C. &1506; 31 U.S.C. &3729, &3730 and any other applicable federal statutes).

Mr Walton John Kinney			
Insured's Printed Name	Signature		(Date)
	Agent Statement		
of premium, or any other valuable consideration to this perso include payment of administrative fees, performance based of (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand tha	ed nor promised, directly or indirectly any benefit, including money, goods, or services for which n either as an inducement to procure insurance or in exchange for obtaining insurance after it hat discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9 t a false certification or failure to completely and accurately report any violation may subject me, dministrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all oth	s been procured. I understand that this p )(B) and 508(d)(3) of the Federal Crop In: and all agencies/companies I represent, t	rohibition does not surance Act (Act)
I certify that I am responsible for establishing the approved A my knowledge.	PH yields that are used to calculate the production guarantees contained in this acreage report a	and that such approved APH yields are co	orrect to the best of
ELBERT FRANKLIN TUCKER			
Agent's Printed Name	Signature	(Date)	(Agent's Code)

Page: 6 of 6



## Multiple Peril Crop Insurance Acreage Reporting Form

Crop Year: 2016
Policy: MP-2016-FL-084-1113074
Print Date: Mar 18, 2016





## **INSURED**

WALTON JOHN KINNEY C/O: Johnny Kinney



## **AGENT**

ELBERT FRANKLIN TUCKER
ELBERT TUCKER INSURANCE INC - 582755
1044 COUNTY ROAD 305
BUNNELL, FL 32110-



Total Mapped Acres: 632.5 acres
Total Line Acres Reported by GreatAg: 205.9 acres
Total Planted Acres Reported by GreatAg: 205.90 acres

Crop	Line Acres	Planted Acres
Potatoes (84)	205.90	205.90

Information depicted hereon is for reference purposes only and is compiled from best available sources. Great American assumes no responsibility for errors arising from misuse of the maps shown on this form.



Great American Insurance 618 #2 North Westover Boulevard

## Multiple Peril Crop Insurance Acreage Reporting Form

Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Print Date: 03/18/2016 -- Page i

Land Other Count	y Yes	No	New	-7-3	Cov		Sand and	Options, Elec-	Туре,	EU	Accorno
County	Dsg Co	Crop	Prod	Plan	Level	Price		tions, & Endt's		does not qualify	Acreage Date
Flagler (35)		Potatoes		APH	75%	0	100% of Max	YA			03/15/2016

#### INSURED

WALTON JOHN KINNEY



AOI: None Auth Rep: Ltd Auth Rep:

### AGENT

ELBERT FRANKLIN TUCKER ELBERT TUCKER INSURANCE INC - 582755

1044 COUNTY ROAD 305 BUNNELL, FL 32110-

Index Explanation -- Please use this index section for the following reporting pages.

\* Use Line # to report crop, practice, type, etc.

# Multiple legals assigned to this acreage line.

\*\* Acreage Type 1) Insured 2) Insured ac. emerging from CRP initial crop year 3) Insured New Breaking 4) Insured New Breaking by WA 5) Insured New Breaking by WA, unable to substantiate ac. has previously been in prod. 6) Prevented Planting 7) Uninsured 8) Uninsurable 9) Uninsurable due to 2nd crop prov. 10) Uninsurable due to new breaking 11) Uninsurable due to new breaking, insured unable to substantiate ac. has previously been in prod. 12) Unreported ac. within same unit 13) Unreported units 14) Zero ac. report for unit 15) Zero ac, report for county 16) New breaking insurable by SPOI 17) Insured - New Breaking, insured is unable to substantiate acreage has previously been in production 18) Acreage elected under the ARC program, 19) Total native sod acreage greater than five acres insured under the terms of the policy due to subsequent year of planting 20) Total native sod acreage greater than five acres insured under the terms of the Special Provisions, 21) Total native sod acreage greater than five acres insured by WA.

indicates that the line is uninsurable and the reason for uninsurable is listed below the line #.

Line 523 indicates that the line is booked with acres.

NS - Native Sod

Information depicted hereon is for reference purposes only and is compiled from best available sources. Great American assumes no responsibility for errors arising from misuse of the maps shown on this form.

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MPCI Acreage Rep		d: WALTON JOHN KINNEY	Florida, Flagler (35)	31-011S-029E	Crop Year: 2016
			The state of the s		
3 Crop / Practice Potatoe		uar Opt Share % / Shareholder 1.000 /	Estate Anni		
Farm Name:	T-Yld Map: Map A	rea: Added Crop P/T - Year:			
Farm Name:	T-Yld Map: Map A	rea: Added Grop P/T - Year			
Farm Name:	T-Yld Map; Map A	rea: Added Grop P/T - Year			
Farm Name:	T-Yld Map; Map A	rea: Added Crop P/T - Year		31	
Farm Name:	T-Yld Map: Map A	rea: Added Crop P/T - Year			7-1
Farm Name:	T-Yld Map: Map A	rea: Added Crop P/T - Year			
Farm Name:	T-Yld Map: Map A	rea: Added Crop P/T - Year			Cnty Rd 55
Farm Name:	T-Yld Map: Map A	rea: Added Crop P/T - Year		35230	Off.
GMF # FSN - Tract -	Field Field Name	Crop/Prac/Type Field Rep Acres Acre		holder P/T Land Area Options Lir	apped Acres: 0.00 ne Acres: 0.0 anted Acres: 0.00 creage Notes:
					Print Date: 03/18/2016 Page 1 of 14

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 18 of 77

MPCI Acreage Reporting Form 02-012S-028E Insured: WALTON JOHN KINNEY Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 00010006-OU 1.000 / Potatoes-84 6 GRP B 235 - 0 T-Yld Map: Map Area: Added Crop P/T - Year: Farm Name: G21 Potatoes-84 00010007-OU 1.000 / GRP B 247 - 0 Map Area: Added Crop P/T - Year: Farm Name: T-Yld Map: G19 G2 G1 Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: G20 G3 G22= Map Area: ☐ Added Crop P/T - Year T-Yld Map: Farm Name: G5 G24 G5 G23 G28 G4 T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: G2.7 G7 T-Yld Map: Map Area: Added Crop P/T - Year G6 Farm Name: G26 G25 G30 G29 Map Area: Added Crop P/T - Year Farm Name: T-Yld Map: 111 Map Area: Added Crop P/T - Year T-Yld Map: Farm Name: Mapped Acres: 259.25

	Line	Land to F. Albert	Section 1		Field	Reported		**Acreage		1 1 2 2 1 2 1 2 1 2 1	Added	Мар	
GMF	#	FSN - Tract - Field	Field Name	Crop/Prac/Type	Acres	Acres	Plant Date	Туре	Shareholder	P/T	Land	Area	Options
G1		298 - 304 - 1			37.03								
G2	7	297 - 303 - 6			32.93							1	1 =0
G3		297 - 303 - 5			20.55	4							
G4		297 - 303 - 3			36.76								
G5		297 - 303 - 4			24.50								
G6	_	297 - 303 - 1			45.29								1
G7		297 - 303 - 2			16.54								
G19		297 - 303 - 15			1.15								
G20		297 - 303 - 26			0.69				1 1				
G21		297 - 303 - 33			18.37				T T	П			

Page 2 d	
Print Date: 03	3/18/2016
creage Notes:	
Planted Acres:	149.90
ine Acres:	149.9

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 19 of 77

MPCI Acreage Reporting Form

Insured: WALTON JOHN KINNEY Policy: MP-2016-FL-084-1113074

Florida, Flagler (35)

02-012S-028E cont..

Crop Year: 2016

Line	Crop / Practice / Type	Unit /	APH / Guar Opt	Share % / Shareholder
Familiane		d Map.	Mag Area	Added Grow FVT -Yes
Fam have	T-YI	d)Magra	Map fores	Added Smo P/T - Yes
Fran Name	7-71	d Map	Map Ares	Adulation But New
Farm Name	T-Y	d Man	Map Area.	Adden Gron P/T - v

Line	Crop / Practice / Type		Unit / /	APH / Guar Opt	Share % / Shareholder
Fano Name:		T-Yla	More	Mapi Area:	☐ Added Crop P/T - Yes
Fam Warnes		T-YIG	Mac	Milip Area.	Added Crop P/T - Year
Fans Mann		₹-Yld	Мир	Map Arms	Added Crup P/F - Year
Farm Name:		J-yla	Mapo	Map Area:	Annea Cop P/T - 'cear

	Line	5.7	1.57.5		Field	Reported	HOUSE A	**Acreage	Share/		Added	Мар		Mapped Acres:	259.25
GMF	#	FSN - Tract - Field	Field Name	Crop/Prac/Type	Acres	Acres	Plant Date	Туре	Shareholder	P/T	Land	Area	Options	GreatAg Acres:	0.0
G22		297 - 303 - 27			0.90									Acreage Notes:	
G23		297 - 303 - 12			1.19		TAC								
G24		297 - 303 - 29			2.90										
G25		297 - 303 - 31			9,41								- 1		
G26		297 - 303 - 16			4,60		-								
G27		297 - 303 - 17			2.02			-							
G28		297 - 303 - 35			2.15								11		
G29	- 3	297 - 303 - 18			0.36			- 1							
G30		297 - 303 - 19			1.91	-			N. 25. A						
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Insured: WALTON JOHN KINNEY

MPCI Acreage Reporting Form

02-012S-029E Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 1.000 / 00010034-OU Potatoes-84 11 GRP A 228 - 0 T-Yld Map: Map Area: Added Crop P/T - Year: Farm Name: Added Grop P/T - Year T-Yld Map: Map Area: Farm Name: T-Yld Map: Map Area: Added Grop P/T - Year Farm Name: Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Added Crop P/T - Year Farm Name: T-Yld Map: Map Area: T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: W. Hwy 100 Added Crop P/T - Year Farm Name: T-Yld Map: Map Area: Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 0.00 Line Plant Date Shareholder P/T **GMF** FSN - Tract - Field Field Name Crop/Prac/Type Acres Acres Type Land Area Options Line Acres: 0.0 0.00 Planted Acres: Acreage Notes: П П Print Date: 03/18/2016 Page 4 of 14

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Insured: WALTON JOHN KINNEY

MPCI Acreage Reporting Form

05-012S-029E Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 1.000 / 00010004-OU Potatoes-84 GRP B 270 - 0 T-Yld Map: Map Area: Added Crop P/T - Year: Farm Name: Cnty Rd 55 Added Grop P/T - Year T-Yld Map: Map Area: Farm Name: T-Yld Map: Map Area: Added Grop P/T - Year Farm Name: Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Map Area: Added Crop P/T - Year Farm Name: T-Yld Map: Bertha Rd T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: W. Hwy 100 Added Crop P/T - Year Farm Name: T-Yld Map: Map Area: Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 0.00 Line Plant Date Shareholder P/T **GMF** FSN - Tract - Field Field Name Crop/Prac/Type Acres Acres Type Land Area Options Line Acres: 0.0 Planted Acres: 0.00 Acreage Notes: П П Print Date: 03/18/2016 Page 5 of 14

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 22 of 77

MPCI Acreage Reporting Form 12-012S-029E Insured: WALTON JOHN KINNEY Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 1.000 / 00010001-OU Potatoes-84 GRP B 281 - 0 T-Yld Map: Map Area: Added Crop P/T - Year: Farm Name: Added Grop P/T - Year T-Yld Map: Map Area: Farm Name: T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: 12 Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Added Crop P/T - Year Farm Name: T-Yld Map: Map Area: T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: 65 Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Rd Crity Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 0.00 Line Plant Date Shareholder P/T **GMF** FSN - Tract - Field Field Name Crop/Prac/Type Acres Acres Type Land Area Options Line Acres: 0.0 0.00 Planted Acres: Acreage Notes: П П П Print Date: 03/18/2016 Page 6 of 14

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Florida, Flagler (35)

Insured: WALTON JOHN KINNEY

29-012S-029E

Crop Year: 2016

MPCI Acreage Reporting Form

Policy: MP-2016-FL-084-1113074 Beech Blvd īō 중 출 Tangerine Ave in Spruce Pine Pecan Ave Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 00010002-OU 1.000 / Potatoes-84 Tangerine Ave GRP B 206 - 0 ancewood T-Yld Map: Map Area: Added Crop P/T - Year: Farm Name: S Palmetto St Potatoes-84 00010008-OU 1.000 / 8 GRP A 240 - 0 Added Crop P/T - Year: T-Yld Map: Map Area: Farm Name: G10 G14 G13 T-Yld Map: Map Area: Added Grop P/T - Year Farm Name Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: G11 G12 O-105N Map Area: Added Crop P/T - Year Farm Name: T-Yld Map: ST15N T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: Archia Added Crop P/T - Year Flonda Ave T-Yld Map: Map Area: Farm Name: Ohio Ave Centrucky Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Line Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 214.21 Plant Date P/T Line Acres: 56.0 **GMF** FSN - Tract - Field Field Name Crop/Prac/Type Acres Acres Type Shareholder Land Area Options 56.00 Planted Acres: G10 310 - 310 - 5 29.56 Acreage Notes: G11 310 - 310 - 6 68.42 П G12 317 - 333 - 3 38.57 G13 310 - 310 - 3 48.84 П G14 310 - 310 - 4 28.82 П Print Date: 03/18/2016 Page 7 of 14

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MPCI Acreage Reporting Form Insured: WALTON JOHN KINNEY
Policy: MP-2016-FL-084-1113074

Florida, Flagler (35)

30-012S-029E

Crop Year: 2016

Line	Crop / Practice / Type	U	nit / APH / G	Guar Opt	Share % / Shareholder
	Potatoes-84				
		T-Yld Ma	р: Мар	Area:	Added Crop P/T - Year:
		T-Yld Ma	р: Мар	Area:	Added Crop P/T - Year:
		T-Yld Ma	р: Мар	Area:	Added Crop P/T - Year:
		T-Yld Ma	р: Мар	Area:	Added Crop P/T - Year:
		T-Yld Ma	р: Мар	Area:	Added Crop P/T - Year:



GMF	Line #	FSN - Tract - Field	Field Name	Crop/Prac/Type		Reported Acres	Plant Date	**Acreage Type	Share/ Shareholder	Added P/T	Added Land	Map Area	Options
G8		310 - 310 - 1			34.62								
G9		310 - 310 - 2			33.64								
			6										
		1											
		7											

EIIIO / (OI OO.	0.0
Planted Acres:	0.00
Acreage Notes:	
	721222
Print Date: 03/	
Page 8 of	

68.26

0.0

Mapped Acres:

Line Acres:

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 25 of 77

**MPCI Acreage Reporting Form** 31-012S-029E Insured: WALTON JOHN KINNEY Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Cr115N Archie Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt Ave Potatoes-84 Kentudky Map Area: Added Crop P/T - Year: T-Yld Map: G110 Rd 11 T-Yld Map: Map Area: Added Crop P/T - Year: Cr108 31 Map Area: Added Crop P/T - Year: T-Yld Map: T-Yld Map: Map Area: Added Crop P/T - Year: Added Crop P/T - Year: Map Area: T-Yld Map: Line Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 18.34 Crop/Prac/Type Plant Date Shareholder P/T Line Acres: 0.0 **GMF** FSN - Tract - Field Field Name Acres Acres Type Land Area Options Planted Acres: 0.00 G18 27 - 36 - 1 18.34 Acreage Notes: 

> Print Date: 03/18/2016 Page 9 of 14

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 26 of 77

Florida, Flagler (35)

Insured: WALTON JOHN KINNEY

33-012S-029E

Crop Year: 2016

Print Date: 03/18/2016 Page 10 of 14

MPCI Acreage Reporting Form

Policy: MP-2016-FL-084-1113074 Share % / Shareholder Crop / Practice / Type Unit / APH / Guar Opt 1.000 / 00010032-OU Potatoes-84 GRP A 214 - 0 T-Yld Map: Map Area: Added Crop P/T - Year: G17 Farm Name: Potatoes-84 00010033-OU 1.000 / 10 GRP B 218 - 0 Rd 95 Added Crop P/T - Year: T-Yld Map: Map Area: Farm Name: G15 T-Yld Map: Map Area: Added Grop P/T - Year Farm Name: Cr108 Cnty Rd 2007 Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Map Area: Added Crop P/T - Year Farm Name: T-Yld Map: T-Yld Map: Map Area: Added Crop P/T - Year Farm Name: Cnty Rd 110 Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Added Crop P/T - Year T-Yld Map: Map Area: Farm Name: Field Reported \*\*Acreage Share/ Added Added Мар Mapped Acres: 60.21 Line Crop/Prac/Type Plant Date Shareholder P/T **GMF** FSN - Tract - Field Field Name Acres Acres Type Land Area Options Line Acres: 0.0 0.00 Planted Acres: G15 55 - 79 - 16 39.32 Acreage Notes: G17 26 - 35 - 1 20.89 П П П

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 27 of 77 **MPCI Acreage Reporting Form** Insured: WALTON JOHN KINNEY 34-012S-029E Florida, Flagler (35) Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Share % / Shareholder Unit / APH / Guar Opt Crop / Practice / Type Potatoes-84 T-Yld Map: Map Area: Added Crop P/T - Year: Added Crop P/T - Year: T-Yld Map: Map Area: 34 Pine Tree Ln Map Area: Added Crop P/T - Year: T-Yld Map: arter Horse Panda Bear Ln T-Yld Map: Added Crop P/T - Year: Map Area: G1/8

Cnty Rd 110

GMF	Line #	FSN - Tract - Field	Field Name	Crop/Prac/Type	Field Acres	Reported Acres	Plant Date	**Acreage Type	Share/ Shareholder	Added Land	Options
G16	-	64 - 89 - 4		,	12.24			- 7/			
	-										

Added Crop P/T - Year:

Map Area:

T-Yld Map:

Mapped Acres:	12.24
Line Acres:	0.0
Planted Acres:	0.00
Acreage Notes:	
Print Date: 03 Page 11 o	

Crop Year: 2016

## MPCI Acreage Reporting Form

Insured: WALTON JOHN KINNEY

Policy: MP-2016-FL-084-1113074



Added Land or Uninsured Acreage

Instructions
Record state county & legal description at the top of page.

Draw boundaries in the map area and create a field reference for each field. Use this field reference to record required information in the grids or write on the blank map.

Line	Crop / Practice / Type	Unit / APH / Guar Opt	Share % / Shareholder	State	County	Legal Description
Farm Name	· T-Yld	Map: Map Area:	Added Crop P/T - Year			
				-		
Farm Name	a: T-Yld	Map: Map Area;	Added Crop P/T - Year			
Farm Name	e: T-Yld	Map: Map Area:	Added Crop P/T - Year	CO.		
Farm Name	e: T-Yld	Map: Map Area:	Added Crop P/T - Year	100		
Farm Name	a: T-Yld	Map; Map Area:	Added Crop P/T - Year		9/-	

GMF	Line #	FSN - Tract - Field	Field Name	Crop/Prac/Type	Field Acres	Reported Acres	Plant Date	**Acreage Type	Share/ Shareholder	Added P/T	Added Land		Options	Acreage Notes:
							7							
												-		
= 11												1	11.20	
5.74		1				(							1000	Print Date: 03/18/2016
1		100					4	4						Page 12 of 14



Great American Insurance 618 #2 North Westover Boulevard

## **Multiple Peril Crop Insurance Acreage Reporting Form**

Crop Year: 2016 Policy: MP-2016-FL-084-1113074 Print Date: 03/18/2016 -- Page 13 of 14

INSURED

WALTON JOHN KINNEY Phone: (386) 931-1287

BUNNELL, FL 32110-

**AGENT** 

**ELBERT FRANKLIN TUCKER** ELBERT TUCKER INSURANCE INC

Required Field Review	inspection	Number of Trees/Vines	Processor Name/Number	Phone: (386) 437-4086	
REMARKS:					
List all farms that are enrolled in the	Agricultural Risk C	overage (ARC) plan at FSA:			
Note: These farms are not eligible for	or the Supplemental	Coverage Option (SCO).			

## COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS). congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom, Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

#### NONDISCRIMINATION STATEMENT

#### Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

#### To File an Employment Complaint

If you wish to file an employment complaint, you must contact your Agency's EEO Counselor (Click the hyperlink for a listing of EEO Counselors), within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at http://www.ascr.usda.gov/complaint\_filing\_file.html.

#### To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program intake@usda.gov.

#### Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 30 of 77

## **USDA Multiple Benefit Certification Statement**

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.



Great American Insurance 618 #2 North Westover Boulevard Albany, GA 31707-

## Multiple Peril Crop Insurance Acreage Reporting Form

Crop Year: 2016
Policy: MP-2016-FL-084-1113074
Print Date: 03/18/2016 -- Page 14 of 14

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		ШШ			

### **Certification Statement**

## **ANTI-REBATING STATEMENT(S)**

## Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved APH yield.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. &1006 and &1014; 7 U.S.C. &1506; 31 U.S.C. &3729, &3730 and any other applicable federal statutes).

Acreage	WALTON JOHN KINNEY		
	Applicant's Printed Name	Signature	Date
		Agent Statement	

"I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money. goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes."

Acreage ELBERT FRANKLIN TUCKER 582755

Agent's Printed Name Signature Date Agent Code

## GREATAMERICAN. INSURANCE COMPANY

**Crop Insurance Division** 

## Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 32 of 77 Multiple Peril Crop Insurance

Albany Albany GA, 31707

## 618 #2 North Westover Boulevard DECLARATION OF COVERAGE EFFECTIVE FOR THE 2016 CROP YEAR

03/30/2016 Page: 1 of 1

Policy Number: 2016-FL-084-1113074

INSURED: Mr Walton John Kinney C/O Johnny Kinney

Spouse's Name: Heather Kinney

Authorized Representative(s):

Limited Authorized Rep(s):

POA(s):

I SUMMARY				32	
Name of Person	Complete Address	Telephone #	Tax ID #	Tax ID Type SSN EIN Other	Person Type
Mrs. Heather Kinney	_				

Соонц	Crop(s) Insured/Type	Plan	Coverage Level	% Price Election, Proj. Price, m Amt of Ins.	Options/Elections/ Endorsements	Status	Applicable Provisions/Endorsements
Flagler (35)	Potatoes	APH (90)	75° u	100%	YA	Active	11-br - Basic Provisions BASIC Provisions 05/11/2010 15ineligibility BASIC Provisions 04/17/2014 15ccip BASIC Provisions 06/30/2014 09-0284 CS Potato CROP Provisions 12/07/2007 PRODUCTION GUIDELINES Rev 6-14 CROP Provisions 06/14/2014 PRECISION FARMING NOTIFICATION Rev 6-14 CROP Provisions 06/14/2014 2016 SPECIAL COUNTY PROVISIONS

ALL STATE/COUNTY OPTION:

ASSIGNMENT OF INDEMNITY: Farm Credit of Florida, ACA

	IMPO	DRTANT DATES EFFECT	IVE FOR THE 2	016 CHOP YEAR			
COUNTY	CROP	SALES CLOSING	PRODUCTION REPORTING	ACREAGE REPORTING	PREMIUM BILLING	TERMINATION	CANCELLATION
Flagler (35)	Potatoes	12 31 2015	2 15 2016	3/15/2016	8/15/2016	12 31 2016	12/31/2015

## PLEASE REVIEW FOR ACCURACY AND CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS.

YOUR AGENT IS: ELBERT FRANKLIN TUCKER

ELBERT TUCKER INSURANCE INC

1044 COUNTY ROAD 305 BUNNELL, FL 32110

Code No: 582755



16-11/3074077

## FIRST TRANSFER REQUEST

Company:

**Hudson Insurance Company** 

7300 West 110th Street

Suite 850

Overland Park, KS 66210

From:

Great American Insurance Company

Albany Office

618 #2 North Westover Boulevard

Albany, GA 31707

The following policy is transferring to Great American for the 2016 reinsurance year. Please forward the past production history, last year's acreage and loss information, and the experience history for each crop listed below.

Thank you in advance for your time and cooperation.

Regarding:

KINNEY, WALTON JOHN

**ORIGINALLY SENT** 

Your Policy Number is:

101785

01/05/2015

Crops Transferring:

State

County

Crop

ins. Plan

Florida

Flagler

Potatoes

APH

75%

Cov.Leve!

If you have any questions please call our office.

CSS: Amanda Nesbitt Phone: (800) 833-2241 Fax: (866) 310-3440

Our Policy Number: 1113074

2015

RECEIVED

JAN 28 2018

(Form M931)

Jan 05, 2016

						. 44										
	2	Albany		Multiple	Peril Cro	op In	suranc	e an	d Supp	lemental	Pro	duct	12/10/2015 Page: 1 of 4			
GREATA	MERICAN,	618 #2 North Westo Albany, GA		ard	Application and Policy Tr						Transfer)Form					
	Insurance Division		~10		7.7	For th	e 2016 Re	insuran	ce Year		cy Numi	er: 2016-FL	-084-1113074			
APPLICA		n John Kinney	AS ST	1)						KLIN TUCKER ER INSURANCE ROAD 305	INC.	Code No: 5	582755			
		F. 100	- 67.7.3					В	UNNELL, FL	32110						
	d Representative uthorized Rep(s		· ·		W.		POA	(s):								
	cant insuring the cant insuring the l		YES Z		least 18 years old?	ZIYES 🗆	NO II	Corporatio	a, indicate State	where articles are	filed?					
"SUBSTAN	TIAL BENEFICIA applicant). If no	AL INTEREST INFORMAT ne, state NONE. (Attach S	TION" List SBI Report	all person(s) with a su ing Form if additional s	bstantial beneficial pace is needed an	Interest in d check be	you as defi	ned in the	applicable po	llcy provisions (	nclude la	ndlords or ton	anté Incured			
	Name															
Honth	er Kinne			•	/X.											
FREE	Cr Ilinia	1									TRANII					
<del>,</del>	<del></del>							-		- OSIN CIEN C	- KANA					
	<u> </u>									DSSN DEIN C						
"I grant the	"Add authority for designated person(s) to sign crop insurance documents on behalf of the insured."  By checking this box, I am authorizing all individuals listed as an SBI to also have authority as stated below.  If grant the person(s) listed below the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf, I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the lerms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider."															
-	- 15					-Rema	we authority i	for designa	ated person(s) to	o sign crop insura	nce docum	nents on behalf	of the insured."			
	norized Represent	lauve Name(s)		···		-,				<del></del>						
Added Co	ounty Election	☐YES ☐ NO											1			
		e for my share of the Cate surance, level of coverage											1			
		actuarial documents for a			u county, coverage	will be prov	igea mranâu	uie Catasi	li ôbuic kisk Lió	rection Endorsem	eru,					
Effective Crop Year	Name of State	Name of County	Des. County	Name of Crop	Type, Class, Efc.	*New Producer (see note)	lus, Plan	Coverage Level	% Price Election, Proj. Price, or Amt of Ins.	Other Options and Endorsements	SCO Ins. Plan	ARC	Intended Acres			
2016	FLorida	Flacter		Potatoes	B		APH (90)	15%	100%	Yield Ady		Yes No				
*I certify I t	ave not produce	the insured crop in the co	umby for m	ore than hwo years						4		-				

(Form M10101)



1017857

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 35 of 77

Application and Policy Transfer Form - for the 2016 Reinsurance Year

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

12/10/2015

Page: 2 of 4

### Supplemental Coverage Option Endorsement Terms and Conditions

\*in addition to Section 3B(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.

(3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.

(4) If at any time my Common Crop insurance Policy for the crop is cancelled or terminated, coverage under this endorsement is automatically cancelled or terminated.

(5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise cancelled or terminated under the terms of my policy.

(6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement."

#### CONDITIONS OF ACCEPTANCE STATEMENTS

Conditions of Acceptance: The application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of the application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is yes. An answer of yes to question does not automatically result in rejection of the application. For example, if you answer yes to question (a)

out your ocut was dis	criatiges in balles upon, the application model not be rejected.							
Oyes ONo (a)	Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?							
Yes No (b)	lave you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?							
Yes No (c)	Have you ever had insurance coverage under the authority of the Federal. Crop insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?							
Yes No (d)	Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United State Department of Agriculture?							
Yes No (e)	Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?							
Yes No (1)	Do you have like insurance on any of the above crop(s)? Transferring from Hudson Ins Grp to Great American							
understand that if cov	erage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am							

ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected,

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected on the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

## COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entitles under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, tallure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC. Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

(Form M10101)



Application and Policy Transfer Form - for the 2016 Reinsurance Year

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL 12/10/2015 Page: 3 of 4

#### NONDISCRIMINATION STATEMENT

Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136. (In Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

POLICY TRANSFER REQUEST To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider.

I hereby request cancelation of my insurance policy with (Ceding Approved Insurance Provider Name) Hudson Insurance Company - Policy Number(s):

1017857 for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that If this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.

Crop(s) to be cancelled and transferred: Potatoes (84)

Crop Year of crops being cancelled and transferred: 2016 Policy Number with Ceding Approved Insurance Provider: 1017857

I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the (Assuming Approved Insurance Provider) GREAT AMERICAN INSURANCE COMPANY





(Form M10101)

Application and Policy Transfer Form - for the 2016 Reinsurance Year

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

12/10/2015 Page: 4 of 4

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

#### CERTIFICATION STATEMENT

#### ANTI-REBATING STATEMENT(S) Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 to 150.5). U.S.C. §1515(h)) and all other applicable federal statutes."

"I certify that to the best of my knowledge and belief all of the information on this form is correct not limited to voldance of the policy, and in criminal or civil penalties (18 U.S.C. \$1006 and \$10	t. I also understand that failure to report compl 114: 7 U.S.C. R1508: 31 U.S.C. R3729, R3730	etely and accurately may result in sanctions under my p and any other applicable federal statutes)."	colley, including but
		1	
Mr Walton John Kinney		12-10-2015	
Applicant's Printed Name		Date	
	Agent Statement	•	
"I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirect of premium, or any other valuable consideration to this person either as an inducement to proclinctude payment of administrative fees, performance based discounts, and any other payment (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). Lunderstand that a false certification or failure to clinctuding but not limited, to criminal and civil penalties and administrative sanctions in accordance.	ture insurance or in exchange for obtaining inst approved by FCIC that are authorized under some property and accurately report any violation in	urance after it has been procured. I understand that this ections 508(a)(9)(B) and 508(d)(3) of the Federal Crop may subject me, and all agencies/companies i represer	Insurance Act (Act)
ELBERT FRANKLIN TUCKER		12-10-2015	582755
Agent's Printed Name		Date	Code Number
AIP POLICY TRANSFER ACCEPTANCE (To be completed if policy is be ASSUMING APPROVED INSURANCE PROVIDER: GREAT AMERICAN I By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) the crop(s) shown, in which case insurance will be provided for such crop(s) for the following company to the crop(s) and the crop(s) to the following company to the crop(s) and the crop(s) to the following company to the crop(s) and the crop(s) to the following company to the crop(s) and the crop(s) to the crop(s) and the crop(s) are crop(s) are crop(s) and crop(s) are crop(s) are crop(s) and crop(s) are crop(	NSURANCE COMPANY and crop year specified above unless this form	POLICY ISSUING COMPANY CODE: 084	ion date for any of
Mandy Faircloth Mandy Faircloth	1/5/15		
Printed Name and Signature of AIP Representative Authorized to Accept Applications	Date of Acceptance by Assumi	ng AIP	
Regional Office Address and Phone Number: Great American Insurance	e 618 #2 North Westover Blv	<u>d Alb</u> any, GA 31707	
LANDLORD/TENANT AUTHORIZATION I hereby authorize the above named insured to insure my (Landlord-Tenant) share under the	above named insured's Multiple Peril Crop in	surance policy listed above.	
The state of the s	Signature	. Date	
Form M10101)			

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 38 of 77

# GREATAMERICAN. INSURANCE COMPANY

# **MP Policy Info Sheet**

06/30/2016 Page: 1 of 2

Policy Number: 2016-FL-084-1113074 **Crop Insurance Division** Insured: 582755 Agency: ELBERT FRANKLIN TUCKER Mr Walton John Kinney C/O Johnny Kinney ELBERT TUCKER INSURANCE INC Albany 1044 COUNTY ROAD 305 618 #2 North Westover Boulevard BUNNELL, FL 32110 Albany, GA 31707 Phone: (800) 833-2241 Fax: (866) 310-3440 Email: Claim Information: Adjuster: Supervisor: Claim Number: 1113074-01 ARTHUR R CAPPS WILLIAM A TERRY 1113 PARK LANE 03/18/2016 Claim Date: JASPER, FL 32052 Received Date: 03/18/2016 Assigned Date: 03/18/2016 EFT: No **New Producer Added Land** Assignment of Indemnity to: Farm Credit of Florida, ACA Outstanding **Total Liability** Crop Plan Unit(s) County Level Type Audit(s) (Claim Units) 84 Potatoes APH 75 Normal 00010002, 00010006, 00010007 None \$ 445,068 Flagler \$ 445,068 Claim Totals: **Total Estimated Loss Amount This Claim Prior Claim Assignment:** Claim Number 2nd Phone Type Status Adjuster **Adjuster Phone** E Adj **Assigned Date Paid Date** Cty/Crop Claim Accumulation (replant not included): County Crop Paid Indemnity



Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 39 of 77

#### Claim Notes:

Need to wait for at least a week. More rain is forecast. Five and a half inch gage. Gage was full. Don't know how much over it rained. Elbert Tucker

#### Phone/Contact Log

Date	Contact	Comments	
	Communic	Comments	
	+		
	-1		



#### **Policy Declaration Page**

HUDSON

**Hudson Insurance Company** 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny Kinney				Elbert Tucker Elbert Tucker 1044 County	Insurance, Ind (1140) Road 305	e and Agent Contact Inf c. (12-003)			2016		Policy Nu 12-595-10	17857
				Bunnell, FL 3	32110	•		8*		Florida		625 630. Y SA
									Please retain your record		a part of yo	
						t: Jan Saunders			alaamaat of l	an il i annia lavita		
	and Number: SSN DEIN				orney: NONE			AS	signment of I	naemnity:		
County	Crop(s) Insured.	Plant	Options	Cov = **	Percent of Price Election	Intended Use //Type in	Coverage Status	Final Plant Date	Acreage Reporting Date	End of a Insurance	Termination Date	Cancellatio Date
Flagler (035)	Corn (0041)	YP (01)	N/A	65%	100%	N/A	Renewal	4/15/2016	7/15/2016	12/10/2016	2/28/2017	2/28/2016
- ; ;	N/A					N/A						
	Potatoes (0084)					N/A						



Legend: \* Options, Elections or Endorsements

\*\*\* Multiple dates are applicable for the crop listed. Please refer to the Actuarial Tables to determine the date that applies to your crop. \*\* Percentage Price Election, Projected Price or Amt. of Insurance or Protection Factor BFR = Beginning Farmer / Rancher.

The application for crop Insurance has been accepted by us and the policy shall be in effect for the crop year as specified above and shall continue for each succeeding crop year until cancelled or terminated as provided in the policy provisions.

Any premium(s) due to us under this policy will be deducted from any indemnity payments or other credits to you. For current crop year price information, contact your agent.

Please review this Policy Declaration in order to make certain the information is listed to your specifications. If you believe any of the information is incorrect, please contact your agent IMMEDIATELY:

Please retain a copy of the Declaration Page for your records, as they are a part of your Policy. The complete Policy Provisions are available on the RMA website at, http://www.rma.usda.gov/policies/2015policy.html, or upon request through your agent or by contacting Hudson Processing at 1-866-450-1445.





#### **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

	Address and Other Contact Information			*S**_	THE CHARLES IN	Crop Year	E. 27 公司的 (1910年)
Johnny Kinney						2016	
·					理解が行行がから	Policy Numb	per New Art See 1972
	Email:				1	2-595-1017	857
Agency/Name and Agent Contact Infor	mation The Property of the Pro	は気を計画	可是可能性的關係有		State Code /	Name*	and the second of the second
Elbert Tucker Insurance, Inc. (12-003)	Agency	Phone	(386) 437-	4086	12 Florid	ia	
Elbert Tucker (1140) 1044 County Road 305					3 - A		TATISTIANS NO. 10
Bunnell, FL 32110			•		COLOR SERVICE COLOR		pecialist性缺乏
						Jan Saunde	rs <sup>-</sup>
County: Flagler (035)		Year	Total Produ	ction	Acres	Yield	Yield Property
Crop: Corn (0041)	Plan: YP (01)	と で	<b>海野芝南城市</b>	15.0		A Property of	(Adj. Yield)
Type: Grain (016)	Practice: Irrigated (002)						
Unit: 0001-0005	Cropland Acres:						
Insurable Acres: 0.0	Uninsurable Acres:						
Legal Description**: (005) 012S-029E			v				
FSA Fárm / Tract / Field #:		2010		0.0	0.0	90.0	E
Farm Name: Albert's Main Farm		2011		0.0	0:0	90.0	E
Other Person(s) Sharing in the Crop:		2012	_	0.0	0.0	90.0	, E
Record Type: T-Yield Map Ar	ea / Area Class.:	2013		0.0	13.3	.55.0	P
Multi Crop Year Reporting Reason:		2014		0.0	0.0	0.0	-Z
☐ Added Land / New Crop / Practice / Typ	pe / TMA	2015		0.0	0.0	0.0	Ż
Processor # / Name:		Prior Y	ield:	81.0	Yield Total	325.0	2. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
# of Trees or Vines:	New Producer - I certify I have not produced the	Prelimi	nary Yield:	N/A	Divided by		THE THE WAY
☐ Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y	ield:	81.0	Avg Yield		でできた。
☐ Field Review Required?	Land in Other Counties? ☐ Yes ☐ No	Adjust	ed Yield:	1 61 7	App. Yield		SALE COMPANY
Comments / Remarks / Other / Other Ch	paracteristics:				4.34.74.84.45.45.45.45.45.45.45.45.45.45.45.45.45		Inches to a promote a
County: Flagler (035)		<b>经标准</b>		2.451	The state of the	THE PERSON NAMED IN	Yield
Crop: Corn (0041)	Plan: YP (01)	Years	Total Produ	ction	Acres	Yleid	Yielday Descriptors (Adj.,Yield)
Type: Grain (016)	Practice: Irrigated (002)						
Unit: 0001-0029	Cropland Acres:						
Insurable Acres: 0.0	Uninsurable Acres:			<b>*</b>			
Legal Description**: (029) 012S-029E*							
FSA Farm / Tract / Field #:		2010		0.0	0.0	90.0	Ε
Farm Name: Home Place*		2011		0.0	0.0	90.0	E
Other Person(s) Sharing in the Crop:		2012		0.0	0.0	90.0	E
Record Type: T-Yield Map Ar	ea / Area Class.:	2013		0.0	130.0	,55.0	ïP
Multi Crop Year Reporting Reason:	C	2014		0.0	0.0	0.0	Z
☐ Added Land / New Crop / Practice / Typ	e / TMA	2015		0.0	0.0	0.0	ž
Processor # / Name:		Prior Y	ield:	81:0	Yield Total	325.0	THE WALL STREET
# of Trees or Vines:	☐ New Producer - I certify I have not produced the	Prelimi	nary Yield:	N/A	Divided by	4	
(= v, · · · · · · · · · · · · · · · · · ·	insured crop(s) in the county for more than two	D 4 10	and.	81.0	Avg Yield	81.0	LEAR STREET, S
☐ Inspection Required?	years.	Rate Yi	ela:	01.0	Avgianeid	01.0	A STATE OF THE PARTY OF SEASON
☐ Inspection Required? ☐ Field Review Required?	years.  Land in Other Counties? □ Yes □ No	_	ela: ed Yield:		App Yield	81.0	E FALLE

\* Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C= Claim Record ^ If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

15=LivestockFeeding Records 25=Appraisal 35=Pick Records 25=Appraisal 35=Pick Records 35=Pick Records 25=Appraisal 35=Pick Records 35=Pick Records 25=Appraisal 3





### **Production Report**

**Hudson Insurance Company** 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny Kinn		ucker (114	(0)		2016		5-1017857
County: Flagler (035)		第4条	PARTY S	常々語		**************************************	Yield Se Ps Descriptors (Adj Yield)
Crop: Corn (0041)	Plan: YP (01)	rear	Flotal Frod	Partie	ACTES	T leid S	(Adj Yield)
Type: Grain (016)	Practice: Irrigated (002)						
Unit: 0001-0031	Cropland Acres:						
Insurable Acres: 0.0	Uninsurable Acres:					- 7	
Legal Description**: (031) 011S-	-029E*			У.			
FSA Farm / Tract / Field #:		2010		0.0	0.0	90.0	E
Farm Name: Dog Pen West*		2011		0.0	0.0	90.0	įΕ
Other Person(s) Sharing in the	Crop:	2012.		0.0	0.0	90.0	E
Record Type: T-Yield	Map Area / Area Class.:	2013		0.0	9.5	55.0	Р
Multi Crop Year Reporting Reas	on:	2014		0.0	0.0	0.0	Z
☐ Added Land / New Crop / Pract	ice / Type / TMA	2015		0.0	0.0	0.0	Z
Processor # / Name:			ield:	81.0	Yield Total	325.0	2017年100日
# of Trees or Vines:	☐ New Producer - I certify I have not produced the	e Prelimi	inary Yield:	N/A	Divided by	4	Charles and the Land
☐ Inspection Required?	insured crop(s) in the county for more than two	Rate Y	leld:		Avg:Yield		TARREST TO
☐ Field Review Required?	Land in Other Counties? ☐ Yes ☐ No	Adjust	ed Yield:		App Yield		
Comments / Remarks / Other / C	Other Characteristics:			23000	Mark at Availabratic (18 1)		
County: Flagler (035)			经验证书	SIV SIV			Violei Descriptors
Crop: Corn (0041)	Plan: YP (01)	Year	Total Produ	uction	Acres	Yield	CODescriptors (Adj: Yield)
Type: Grain (016)	Practice: Irrigated (002)	P SHILL SHE			12.00		Zi iz (Zioji Ziliolo) Ziz
Unit: 0001-0032	Cropland Acres:						
Insurable Acres: 0.0	Uninsurable Acres:				+0 49	. –	
Legal Description**: (032) 011S-	029E						
FSA Farm / Tract / Field #:		2010		0.0	0.0	90.0	E
Farm Name: Dog Pen East		2011		0.0	0.0	90.0	E
Other Person(s) Sharing in the	Crop:	2012		0.0	0.0	90.0	E
	Map Area / Area Class.:	2013	24	0.0	10.3	55.0	Р
Multi Crop Year Reporting Reas	on:	2014		0.0	0.0	0.0	Z
Added Land / New Crop / Practice / Type / TMA		2015		0.0	0.0	0.0	Z:
Processor # / Name:		Prior Y		81.0	Yield Total	325.0	
# of Trees or Vines:	☐ New Producer - I certify I have not produced the	Prelimi	inary Yield:		Divided by	4	B THE STATE OF
	insured crop(s) in the county for more than two				Avg: Yield	81.0	Vary Constitution
☐ Inspection Required?	vears:	Rate Y	ioiu.	01.0		01.0	And the second s

<sup>\*</sup> Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record All the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

Record Type Codes:

01=Prod. Sold\Commercial Storage 10=Farm Stored\Record Bin Measurement 05=On Farm Storage

15=LivestockFeeding Records

20=FSA Loan Record 30=Other

35=Pick Records

#### Multi Crop Year Reporting Reason Codes:

- 1) Certification of crops years not previously certified. 2) Correction 3) Replacement of a temporary yield. 4) Replacement of an assigned yield.
- 5) Certification by new insured. 6) Certification using another producer's history for new acreage. 7) Recertification for new actuarial offer.
- 8) Recertification for new unit structure. 9) Other

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Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 43 of 77



# **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny Kinne		surance, In	nc: (12-003)		2016	The state of the s	5-1017857
	Elbert T	ucker (114					
County: Flagler (035)		Year	eTotal Produ	uction	26 Acres	A Vield	Yield Descriptors (Ad) Yield)
Crop: Corn (0041)	Plan: YP (01)	PARK IN	<b>新西班牙州东西州</b>	學。他院	<b>福州市内内</b>	N. S.	(Adj. Yield)
Type: Grain (016)	Practice: Irrigated (002)						1
Jnit: 0001-0032	Cropland Acres:			_			
nsurable Acres: 0.0	Uninsurable Acres:		17				
Legal Description**: (032) 012S-0	029E						
SA Farm / Tract / Field #:		2010		0.0	0.0	90.0	E
arm Name: Baylor's		2011		0.0	0.0	90.0	É
Other Person(s) Sharing in the C	rop:	2012		0.0	0.0	90.0	ш
Record Type: T-Yield	Map Area / Area Class.:	2013		0.0	44.8	55:0	P
Multi Crop Year Reporting Reason	on:	2014		0.0	0.0	0.0	Z
Added Land / New Crop / Practic	ce / Type / TMA	2015		0:0	0.0	0.0	Z
Processor # / Name:		Prior Y	'ield:	81.0	Yleid Total	325.0	<b>建筑地域</b>
of Trees or Vines:	☐ New Producer - I certify I have not produced the	Prelimi	inary Yield:	N/A	Divided by	4	THE PARTY
Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y	leld:	81.0	Avg Yield	81.0	Very market
Field Review Required?	Land in Other Counties?  Yes No	Adjust	ed Yield:	0.0	App Yield		777
Comments / Remarks / Other / O	ther Characteristics:				The state of the s		in desired to be regard
County: Flagler (035)		N. A.S.	THE BARE		<b>新沙漠原水</b>	<b>建始于2000年</b>	<b>Weld</b>
Crop: Corn (0041)	Plan: YP (01)	Year 7	TotallProdu	iction	Acres	Yielda	Descriptors (Adj syleid)
Type: Grain (016)	Practice: Irrigated (002)						
Unit: 0001-0033	Cropland Acres:						
nsurable Acres: 0.0	Uninsurable Acres:						
egal Description**: (033) 012S-0	)29E						
SA Farm / Tract / Field #:		2010		0:0	0.0	90.0	E
arm Name: Johnny P's		2011		0.0	0.0	90.0	E
Other Person(s) Sharing in the C	rop:	2012		0.0	0.0	.90.0	E .
Record Type: T-Yield	Map Area / Area Class.:	2013		0.0	10.0	55.0	P
Multi Crop Year Reporting Reason		2014		0.0	0.0	0.0	Z
Added Land / New Crop / Practic		2015	0	0.0	0.0	0.0	Z
<del></del>		Prior Y	ield:	81.0	Yield Total	325.0	
rocessor # / Name:		e Dealine	inary Yield:		Divided by		學的學科學
	□ New Producer - I certify I have not produced the	- I Freimmi			or to have much expense for the first	4	THE RESERVE AND DESCRIPTION OF THE PARTY AND
Processor # / Name: For Trees or Vines: Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y		81.0	Avg Yield	81.0	

<sup>\*</sup> Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record ^ If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

Record Type Codes:

01=Prod. Sold\Commercial Storage 10=Farm Stored\Record:Bin Measurement 20=FSA.Loan Record 30=Other 05=On Farm Storage

15=LivestockFeeding Records

25=Appraisal

35=Pick Records

#### Multi Crop Year Reporting Reason Codes:

- 1) Certification of crops years not previously certified. 2) Correction 3) Replacement of a temporary yield. 4) Replacement of an assigned yield.
- 5) Certification by new insured. 6) Certification using another producer's history for new acreage. 7) Recertification for new actuarial offer.
- 8) Recertification for new unit structure. 9) Other

RECEIVED



Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 44 of 77



# **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 /.(913) 345-1671

Print Date: 01/21/2016

Johnny Kinn	ey Elbert T	Fucker Insur Elbert Tuc			2016	12-59	5-1017857
County: Flagler (035)			14 Mary	MARKET AND STREET	A ALLEGAN		Y To Yield 7
Crop: Potatoes (0084)	Plan: APH (90)		rear.	Total Production	ACTES	Tield	(Adj. Yield)
Type: Group B (261)	Practice: Irrigated (002)						
Unit: 0001-0001	Cropland Acres:		1998	0.0	20.0	304.0	Α
Insurable Acres: 0.0	Uninsurable Acres:		1999	0.0	20.0	204.0	Α
Legal Description**:			2000	0.0	0.0	0.0	·Z
FSA Farm / Tract / Field #:			2001	0.0	20.0	232.0	Α
Farm Name:			2002	0.0	0.0	0:0	Z
Other Person(s) Sharing in the	ne Crop:		2003	0.0	20.0	290.0	Α
Record Type: T-Yield	ield Map Area / Area Class.:		2004	0.0	20.0	348.0	Α
Multi Crop Year Reporting Reas	ting Reason:		2005	0.0	20.0	305.0	Α
☐ Added Land / New Crop / Prac	tice / Type / TMA		2006	0:0	0.0	0:0	Z
Processor # / Name:	ocessor#/Name:		TOTAL TRANSPORTED TOTAL		Yleld Total	1,683.0	i distanta di sama
# of Trees or Vines:	☐ New Producer - I certify I have not pro		Prelimi	nary Yield: N/A	Divided by		
☐ Inspection Required?	insured crop(s) in the county for more the	an two	Rate Yi		Avg: Yield		TEL SHIPLE
☐ Field Review Required?	Land in Other Counties?  Yes	∃ No	Adjuste		App Yield		
Comments / Remarks / Other / C	Other Characteristics:		115	3.	101111111111111111111111111111111111111		
County: Flagler (035)		18	Year	Total Production	16 1 2 2 3 3 2	Mary Contracts	T Main
Crop: Potatoes (0084)	Plan: APH (90)	1	Year		Acres	Yield	(Adj. Yield)
Type: Group B (261)	Practice: Irrigated (002)		2004	6,624.0		69.0	YA (148.0)
Unit: 0001-0002	Cropland Acres:		2005	34,656.0	96:0	361.0	Α.
Insurable Acres: 9.6	Uninsurable Acres:		2008	16,338.0	66:0	248.0	· A
Legal Description**:		*	2009	25,637.0	220.2	116.0	YA (148:0)
FSA Farm / Tract / Field #: 153/	310 / -		2010	46,843.0	211.6	221.0	Α
Farm Name: HOME PLACE			2011	27,013.0	231.5	117.0	YA (148.0)
Other Person(s) Sharing in the	Crop:		2012	48,114.0	226.0	213.0	A.
Record Type: T-Yield	Map Area / Area Class.:	-1/-	2013	23,441.0	132.0	178.0	Α
Multi Crop Year Reporting Reas	on:	774	2014	718:0	4.0	180.0	A
☐ Added Land / New Crop / Prac	300	- 1	2015	2,033.0	9.6	212.0	Α
Processor # / Name:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Prior Y		Yield Total	1,915.0	BEN MARK
# of Trees or Vines:	☐ New Producer - I certify I have not pro	duced the	Prelimi	nary Yield: N/A	Divided by	10	Shows Torrest
☐ Inspection Required?	insured crop(s) in the county for more the years:	an two	Rate YI		Avg Yield	192.0	
☐ Field Review Required?	Land in Other Counties?   Yes	7 No	Adjusts		App. Yield	206.0	CARDON POR ANDRONA AND IN

<sup>\*</sup> Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

Record Type Codes:

0.1=Prod.:Sold\Commercial Storage 10=Farm Stored\Record.Bin Measurement 20=FSA.Loan Record 30=Other 05=On Farm Storage

15=LivestockFeeding Records

25=Appraisal

35=Pick Records

#### Multi Crop Year Reporting Reason Codes:

- 1) Certification of crops years not previously certified. 2) Correction 3) Replacement of a temporary yield. 4) Replacement of an assigned yield.
- 5) Certification by new insured. 6) Certification using another producer's history for new acreage. 7) Recertification for new actuanal offer.
- 8) Recertification for new unit structure. 9) Other









### **Production Report**

Hudson Insurance Company 7300 West 1,10th Street, Suite 400 Overland Park, KS 66210 Ph / Fx::(866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnný Kinn	еу	Elbert Tucker Insu Elbert Tu	irance, Incker (114			2016	12-59	95-1017857
County: Flagler (035)			No.	THE WAY	COMP.	<b>经海突发</b>	1 1 2 To 1 1	Yield of the Descriptors
Crop: Potatoes (0084)	Plan: APH (90)	*	Yearo	Total Prod	uction	Acres	Yleidic	V(DIG Descriptors (Ad) Vida
Type: Group B (261)	Practice: Irrigate	od (002)	2006		0.0	0.0	246.0	T
Unit: 0001-0003	Cropland Acres	:	2007		0.0	0.0	246.0	T
Insurable Acres: 0.0	Uninsurable Ac	res:	2008		0.0	3.0	248.0	Α
Legal Description**:	***		2009		0.0	0.0	0.0	Z
FSA Farm / Tract / Field #:			2010	1	0.0	0.0	0.0	Z
Farm Name: DOG PEN WEST			20.11		0.0	18.0	373.0	Α
Other Person(s) Sharing in the	Crop:		2012		0.0	0.0	0.0	Z
	Map Area / Area Class.:		2013		0.0	0.0	0.0	Z
Multi Crop Year Reporting Reas	on:	F41 0-20	2014		0.0	0.0	0.0	Z
☐ Added Land / New Crop / Pract	ice / Type / TMA		2015		0.0	0.0	0.0	Z
Processor # / Name:			Prior Y	ield:	0.0	Yleid Total	1,113.0	
# of Trees or Vines:		certify I have not produced the	Prelimi	nary Yield:		Divided by		<b>从后边东</b> 位于
☐ Inspection Required?	insured crop(s) in the vears.	e county for more than two	Rate YI	eld:		Avg Yield		122122
☐ Field Review Required?		ounties? ☐ Yes ☐ No	Adjuste	ed Yield:		App. Yield		
Comments / Remarks / Other / C	Other Characteristics:				1,7000	and the second second		Now all Property and an
County: Flagler (035)			1		2043		SEMENT OF THE	Yield
Crop: Potatoes (0084)	Plan: APH (90)	1.	Year	Total Prod	uction	Acres	Yieldi	Descriptors (Adj Yield)
Type: Group B (261)	Practice: Irrigate	d (002)	2000	bassassin (III)	0.0	30.0	22.0	YA (148.0)
Unit: 0001-0004	Cropland Acres		2001		0:0	20.0	240:0	A
Insurable Acres: 58.0	Uninsurable Act	es:	2002		0.0	25.0	320.0	Ä
Legal Description**:			2003		0.0	39.0	301.0	·A
FSA Farm / Tract / Field #:	11 111		2004		0.0	15.0	30:0	YA (148.0)
Farm Name: ALBERT'S MAIN FA	RM		2005		0.0	22.0	342.0	Α
Other Person(s) Sharing in the	Crop:		2009		0.0	58:0	399:0	A
Record Type: T-Yield	Map Area / Area Class.:		2010		0.0	58.0	346.0	A
Multi Crop Year Reporting Reas			2011	1	7,825.0	58.0	307:0	A
☐ Added Land / New Crop / Pract			2012		5,925.0	58.0	102.0	YA (148.0)
Processor # / Name:			Prior Yi			Yield Total		Charles
# of Trees or Vines:		certify I have not produced the		nary Yield:		Divided by		
☐ Inspection Required?	insured crop(s) in the	e county for more than two	Rate Y			Avg. Yield		<b>美国公司</b>
				The state of the s		Marine - Marine - water		大年 (山北山北京 大学工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工

<sup>\*</sup> Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record ^ If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE- Opt Out field on the APH Database.

Record Type Codes:

01=Prod. Sold\Commercial Storage 10=Farm Stored\Record Bin Measurement 05=On Farm Storage

15=LivestockFeeding Records

20=FSA Loan Record 30=Other 25=Appraisal

35=Pick Records

#### Multi Crop Year Reporting Reason Codes:

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- 5) Certification by new insured. 6) Certification using another producer's history for new acreage. 7) Recertification for new actuarial offer.

8) Recertification for new unit structure. 9) Other

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### **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny Kinne		nsurance, In Tucker (114			2016	12-59	95-1017857
County: Flagler (035)	- 7 2		<b>主义的主义</b>	14年10年	<b>医</b>		Yield Y
Crop: Potatoes (0084)	Plan: APH (90)		TOTAL PLOC	THE TOTAL	A A CIES	Part I le lo	Yield Descriptors (Adj.Yield)
Type: Group B (261)	Practice: Irrigated (002)		,				
Unit: 0001-0005	Cropland Acres:				s		
Insurable Acres: 0.0	Uninsurable Acres:						
Legal Description**:			100				
FSA Farm / Tract / Field #:	a:						
Farm Name: DOG PEN EAST	- 3 (e				7		
Other Person(s) Sharing in the C	Prop:	2012		0:0	0.0	246.0	Т
Record Type: T-Yield	Map Area / Area Class.:	2013		0.0	0.0	246.0	Т
Multi Crop Year Reporting Reason	on:	2014		0.0	0.0	246:0	T
☐ Added Land / New Crop / Practi	ce / Type / TMA	2015		0.0	0.0	246.0	Т
Processor # / Name:		Prior Y	'ield:	214.0	Yield Total	984.0	The same of
# of Trees or Vines:	☐ New Producer - I certify I have not produced	the Prelim	inary Yield:	N/A	Divided by	4	7 TO 12 TO 1
☐ Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y			Avg Yield	246.0	A PROPERTY.
☐ Field Review Required?	Land in Other Counties? ☐ Yes ☐ No	Adjust	ed Yield:		App. Yield		经生化生态
Comments / Remarks / Other / O					STOT STREET, ST.		
County: Flagler (035)		<b>多時報</b>	TO ANY SHAPE	25 PM		STORES.	Aleigh
Crop: Potatoes (0084)	Plan: APH (90)	Year	TotaliProd	uction.	Acres	Yield	Yleidi Descriptors (Adj.Yield)
Type: Group B (261)	Practice: Irrigated (002)						
Unit: 0001-0006	Cropland Acres:						Š-,,
Insurable Acres: 110.1	Uninsurable Acres:		1 77 78				
Legal Description**: (002) 012S-0	028E						
FSA Farm / Tract / Field #: 297 / 3	303 / -						
Farm Name: SPALDING		4					
Other Person(s) Sharing in the C	rop:	2012		0.0	0.0	246.0	Т
	Map Area / Area Class.:	2013		0.0	0.0	246.0	T.
Multi Crop Year Reporting Reason	on:	2014		0.0	0.0	246.0	Т
☐ Added Land / New Crop / Practi	ce / Type / TMA	2015	2	1,990.0	110.1	200.0	Α
Processor # / Name:		Prior Y	ield:	214.0	Yield Total	938.0	7世界美術學
# of Trees or Vines:	☐ New Producer - Licertify I have not produced	he Prelimi	nary Yield:		Divided by		
☐ Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y			Avg. Yield		
	yours.		ed Yield:	-	App Yield		THE RESERVE OF THE PARTY OF THE

<sup>\*</sup> Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C='Claim Record If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

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8) Recertification for new unit structure. 9) Other



Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 47 of 77



# **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print; Date: 01/21/2016

Johnny Kinne	<b>Э</b>	Elbert Tucker Insu Elbert Tu				2016	12-59	5-1017857
County: Flagler (035)			_	ing on the same of	Garage (	0.073+5339	<b>新华州</b>	Yield
Crop: Potatoes (0084)	Plan: APH (90)		Year	Total Produ	iction	Acres	Yield	Yield V Descriptors (Adj Yield)
Type: Group A (161)	Practice: Irrigat	ed (002)						
Unit: 0001-0007	Cropland Acres	s:			81	h		
Insurable Acres: 55.4	Uninsurable Ad	res:			*8	151 2 2		
Legal Description**: (002) 012S-	028E							
FSA Farm / Tract / Field #: 297 /	303 / -				075170			
Farm Name: SPALDING	**							
Other Person(s) Sharing in the	Crop:		2012		0.0	0.0	228.0	Т
Record Type: T-Yield	Map Area / Area Class.	:	2013		0.0	0.0	228.0	Т
Multi Crop Year Reporting Reas	on:		2014	1.0	0.0	0.0	228.0	Ť
☐ Added Land / New Crop./ Pract	ice,/ Type / TMA		2015	13	,879.0	55.4	251.0	Α
Processor # / Name;	***************************************		Prior Y	ield:	209.0	Yield Total	935:0	
# of Trees or Vines:		I certify I have not produced the	Prelimi	nary Yield:	N/A	Divided by		7 77
☐ Inspection Required?	insured crop(s) in vears.	the county for more than two	Rate Y	-		Avg Yield		
☐ Field Review Required?		Counties?   Yes   No	Adjust	ed Yield:		App Yield		
Comments / Remarks / Other / C	Other Characteristics:				1	4. Telephonesis and the		THE SAME OF THE SA
County: Flagler (035)			TO BE STATE	市政治學治院	5.00		三世史之 2000	Yield
Crop: Potatoes (0084)	Plan: APH (90)		Year	Total Produ	ction	Acres	Yield	(Adj. Yield)
Type: Group A (161)	Practice: Irrigat	ed (002)	3 78 52 40 75	The second second	23.57.04.10	110000000000000000000000000000000000000	EVENT SAU KINSTE	- Life of the long to
Unit: 0001-0008	Cropland Acres						1	
Insurable Acres: 20.5	Uninsurable Ac	res:						
Legal Description**:		11 11 4						İ
FSA Farm / Tract / Field #: 153 /	310/-							***************************************
Farm Name: HOME FIELD			b-					7
Other Person(s) Sharing in the C	Crop:		2012		0.0	0.0	228.0	T
Record Type: T-Yield	Map Area / Area Class.		2013		0.0	0.0	228:0	Т
Multi Crop Year Reporting Reas	on:		2014		0.0	0.0	228.0	T
☐ Added Land / New Crop / Pract	ice / Type / TMA	· · · · · · · · · · · · · · · · · · ·	2015	5	,675.0	.20.5	277:0	Α
Processor # / Name:			Prior Y	ield:	209.0	Yield Total	961.0	WINDS THE REAL
# of Trees or Vines:		I certify I have not produced the	Prelimi	nary Yield:		Divided by	4	CONTRACTOR V
☐ Inspection Required?	insured crop(s) in vears.	the county for more than two	Rate Y			Avg. Yield	240.0	
☐ Field Review Required?		Counties?   Yes   No	Adjust	ed Yield:		App. Yield		

\* Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record ^ If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

Record Type Codes:

01=Prod. Sold\Commercial Storage 10=Farm-Stored\Record Bin Measurement 20=FSA Loan Record 30=Other 05=On Farm Storage

15=LivestockFeeding Records

25=Appraisal

35=Pick Records

Multi Crop Year Reporting Reason Codes:

- 1) Certification of crops years not previously certified. 2) Correction 3) Replacement of a temporary yield. 4) Replacement of an assigned yield.
- 5) Certification by new insured. 6) Certification using another producer's history for new acreage. 7) Recertification for new actuarial offer.
- 8) Recertification for new unit structure.-9) Other





Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 48 of 77



# **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny K	inney	Elbert Tucker Insu Elbert Tu	rance, In cker (114			2016	12-59	95-1017857
County: Flagler (035)			a serie	<b>河的水</b> 髓	* V	11 414 11	TO PERSONAL PROPERTY.	Yield
Crop: Potatoes (0084)	Plan: APH (90)		Year	lotaliPro	duction	Acres	Yleid	Yield Descriptors (Adj. Yield)
Type: Group A (161)	Practice: Irrigate	d (002)						
Unit: 0001-0032	Cropland Acres:		<i>i</i> ,					
Insurable Acres: 3.2	Uninsurable Acr	es:						
Legal Description**:						222.0000		
FSA Farm / Tract / Field #: 26	/35/-	150	***					
Farm Name: JOHNNY P'S		- 5	100					
Other Person(s) Sharing in th	e Crop:		2012		0.0	0.0	228.0	Ŧ
Record Type: T-Yi	eld Map Area / Area Class.:	anne sure sure sure sure sure sure sure sur	20,13		0:0	0.0	, 228.0	Т
Multi Crop Year Reporting Re	ason:		2014		0:0	0.0	228.0	T
☐ Added Land / New Crop / Pr	actice / Type / TMA	// W #/	2015		.545:0	3.2	170.0	A
Processor # / Name:	and the second second		Prior Y	ield:	209.0	Yield Total	854.0	THE PARTY NAMED
# of Trees or Vines:		certify I have not produced the	Prelimi	nary Yield:		Divided by	4	THE PERSON NAMED IN
☐ Inspection Required?	insured crop(s) in the	e county for more than two	Rate YI			Avg. Yield	214.0	732 782 183
☐ Field Review Required?		ounties?   Yes   No	Adjuste	ed Yield:		App. Yield	20052.000	
Comments / Remarks / Other	/ Other Characteristics:					Later Francisco de Cara		AND SHARE SHEET STATES OF THE SHAREST SHEET SHEE
County: Flagler (035)			<b>*******</b>	<b>网络</b>	WAR AND	F (C) F (A)	<b>公共 1878年78</b>	Yield
Crop: Potatoes (0084)	Plan: APH (90)		Year	Total Pro	duction:	Acres	Yield	Vield Descriptors (Adj. Vield)
Type: Group B (261)	Practice: Irrigate	d (002)	ATIMA VIEW	teraner in the	27774462	SAME SIGNAL AND	Carlot and the second	
Unit: 0001-0033	Cropland Acres:							
Insurable Acres: 16.8	Uninsurable Acr	es:	-					
Legal Description**:								
FSA Farm / Tract / Field #: 26	/35/-					-		8
Farm Name: JOHNNY P'S	——————————————————————————————————————		j.			88		
Other Person(s) Sharing in th	e Crop:		2012		10,578.0	40.0	264.0	Α
Record Type: T-Yie	eld Map Area / Area Class.:		2013		4,447.0	30:0	148.0	Α
Multi Crop Year Reporting Re	asion:	7 /	2014		6,568.0	26:0	253.0	Α
☐ Added Land / New Crop / Pr	actice / Type / TMA		2015		3,485.0	16.8	207:0	Α
Processor # / Name:	(2))		Prior Y	ield:	234.0	Yield Total	872.0	AND REAL PROPERTY.
# of Trees or Vines:		certify I have not produced the	Prelimi	nary Yield:		Divided by	4	
☐ Inspection Required?	insured crop(s) in the years.	e county for more than two	Rate Y			Avg Yields	218:0	
	1,00.0.			1 1 1 1 1 1 1 1		App Yield		777

\* Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C = Claim Record If the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

Record Type Codes:

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Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 49 of 77



# **Production Report**

Hudson Insurance Company .7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Johnny Kinne		urance, In Icker (114			2016	12-59	95-1017857
County: Flagler (035)		1	<b>新</b> 斯斯斯斯	2. de 2	<b>学</b> 学引起现在		Yield
Crop: Potatoes;(0084)	Plan: APH (90)	Tears	otal Produc	Ction	Acres	Y leid au	Yield Descriptors (Adj Yield)
Type: Group A (161)	Practice: Irrigated (002)	i e		******			
Unit: 0001-0034	Cropland Acres:					1780- 1180	
Insurable Acres: 0.0	Uninsurable Acres:				24.77.9		
Legal Description**:							
FSA Farm / Tract / Field #:					±1/	<b>2</b>	
Farm Name: SPALDING		1.0					
Other Person(s) Sharing In the C	Crop:	2012		0.0	0:0	228.0	Ť
Record Type: T-Yield	Map Area / Area Class.:	2013		0.0	0.0	228.0	Т
Multi Crop Year Reporting Reas	on;	2014		0.0	0:0	228.0	Ť
☐ Added Land / New Crop / Practi	ce / Type / TMA	2015		0.0	0.0	228.0	т
Processor # / Name:	10 No.	Prior Y	ield:	209.0	Yield Total	912.0	1.76-4-501
# of Trees or Vines:	☐ New Producer - I certify I have not produced the	Prelimi	inary Yield:	N/A	Divided by	4	
☐ Inspection Required?	insured crop(s) in the county for more than two years.	Rate Y		228.0	Avg. Yield	228.0	TO CATE
☐ Field Review Required?	Land in Other Counties? ☐ Yes ☐ No	Adjust	ed Yield:		App. Yield	228.0	MAY HE TO
Comments / Remarks / Other / O	ther Characteristics:				Esant and the second		
County:	- 140 · C	346.30	TotaliProduc			0.00	Total Yield 2000
Crop:	Plan:	Year	TotaliProduc	tion	Acres	-Yield A	Descriptors (Adj Yield)
Туре:	Practice:						
Unit:	Cropland Acres:			-			
Insurable Acres:	Uninsurable Acres:						
Legal Description**:							
FSA Farm / Tract / Field #:							
Farm Name:							
Other Person(s) Sharing in the C	Prop:						
Record Type: T-Yield	Map Area / Area Class.:	liby.					
Multi Crop Year Reporting Reason			i i i i i i i i i i i i i i i i i i i	10 1000		*	* *
☐ Added Land / New Crop / Practi	ce/Type/ITMA	30 2	P.	-XX5 -048		7.60	
Processor # / Name:		Prior Y	ield:		Yield Total	-	N. ZEDA NEDŽIA
# of Trees or Vines:	☐ New Producer - I certify I have not produced the	Prelimi	nary Yield:		Divided by		g o man com
☐ Inspection Required?	insured crop(s) in the county for more than two vears.	Rate Y			Avg: Yield &		<b>动形深</b> 数
					The same of the same of the		- THE LAKE TO SEE THE PARTY.

\* Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.) C= Claim Record Alf the insured chooses to opt out of YE for an actual yield(s) in an eligible crop year, cross out "N" and write in "Y" in the YE - Opt Out field on the APH Database.

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8) Recertification for new unit structure. 9) Other

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Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 50 of 77



#### **Production Report**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 01/21/2016

Insured's Name 14 2 3 10 2 10 2 10 2 2 2 2 2 2 2 2 2 2 2 2 2	Agency/and/Agent Name	Crop Year	Policy Number
Johnny Kinney	Elbert Tucker Insurance, Inc. (12-003) Elbert Tucker (1140)	2016	12-595-1017857

#### Collection of Information and Data (Privacy Act) Statement Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on the documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

#### Non-Discrimination Statement

Non-Discrimination Policy - The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

To File a Program Complaint - If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities - Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at:(202) 720-2600 (voice and TDD).

#### **Hudson Insurance Privacy Policy**

When you apply to any of the Hudson Insurance Group companies for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. Hudson Insurance Group, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to certain personal information, to those with a business reason for knowing such information. Hudson Insurance Group also instructs its employees so that they will understand the importance of the confidentiality of personal information, and takes appropriate measures to enforce employee privacy responsibilities.

#### **Certification Statement**

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes).

Insured's Printed Name		Insured's Signature	Date
Johnny Kinney			
Agent's Printed Name	Code	Agent's Signature	Date
Elbert Tucker	1140		

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JAN 28 2016



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Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 12/29/2015

# J Saunders@ Hudson Ins Group.com

Insured's Name, and Oth	Mailing and I or Stre er Contact Informati	et Address on		Agency	Name and A	gent Conta	t Information		Cr	op Year	Po	olicy Number
Johnny Kinney			Elbert To	ucker Insurance ucker (1140)	, Inc. (12-003	)			:	2016	12-5	95-1017857
				unty Road 305 FL 32110							State	
			Sannen,	TE DETTE							Florida (12)	
Power of Attorney: Yes X No				Phone: (386)		Jai	n Saunders			Added Land	/ New Crop / Pro	actice / Type / TMA
Grop Insured	Type / Practice	Plan	Level		Optio	ns	% of Price Elected			er - I certify I ha		the insured crop(s) in the
CORN POTATOES		YP (01) APH (90)	65% 65%		YA		100% List crop( 100%		rop(s):	p(s):		
Crop	Unit	Number / Insu	rability	Sha		Record Type ***	T-Yield Map Area	Tota Produc		Acres	Yield	Processor Name & Number
Type / Practice	Legal Description **	FSA / Tract / Field #	Farm Name	Other Pe Sharing in			/ Area Class.					Other ****
County: Flagler (036)						.,						
Corp (0041) Grain (019) / Irrigated (002)	0001-00 (005) 012S-029E	05 / 🔲	Albert's Main Farm	100	%					32.0		
Comments:												
County: Flagter (035)				400	04	,				24.5	-	
Corn (0041) Grain (016) / Irrigated (002)	0001-00 (029) 012S-029E, (033) 012S-029E	29 / 🔲 I	M UI Home Place, Johnny P's	100	90		X.			24.0		
Comments:											_	
County: Flagler (035)												
Corn (0041)	0001-00		⊠ UI	100	%					6.4		
Graft (016) / Irrigated (002)	(031) 011S-029E, (032) 012S-029E*		Baylor's, Dog Pen West, Dog Pen East, Albert's Main Farm		en e							
Comments:												
County: Flagter (035)								0.00				
Com (0041) Grain (016) / Irrigated (002)	0001-00 (032) 011S-029E	32 / 🛄 I	Dog Pen East	100	%	1				15.0		
Comments:						1						E 0000 0

Remarks / Comments / Other / Other Characteristics:

\*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)

Additional exist.

\*\*\* Record Type: A=Prod. Sold \ Commercial Storage, B=Farm Stored \ Record Bin Measurement, C=Livestock Feeding Records, D=Appraisal, E=FSA Loan Record, F=Other

\*\*\* Other: For skip row crops enter Planting Pattern, Row Width and Skip Row Factor. For Perennial crops enter the number of trees or vines. Claim = Claim Record, BFR = Beginning Farmer / Rancher



# **Production Reporting Worksheet**



Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 12/29/2015

			100, 5000 - 1, 157 41	Agency an				Crop Year	P	olicy Number	
	Johnny Kinney			Elbert Tucker Ins Elbert Tu	urance, Inc. icker (1140)		3			2-595-1017857	
Сгор	Talesco 1 of the analysis	Number / Insu		Share	Record Type ***	T-Yield Map Area	Total Production	Acres	Yield	Processor Name & Number	
Type / Practice	Legal Description **	FSA / Tract / Field #	Farm Name	Other Person(s) Sharing in the Crop		/ Area Glass.	Cusis			Other****	
County: Flagler (035)	500 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		1000							<del>, , , , , , , , , , , , , , , , , , , </del>	
Corn (6041)	0001-003	32 / 🛄 l	IZI UI	100%				15.0			
Grain (016) Irrigated (002)	(032) 012S-029E		Baylor's								
Comments:							4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		12.000.00.000	CANAL CONTRACTOR OF THE CONTRA	
County: Flagler (035)			7 1	NO. NO. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		SAMPAGE 1908 190 80					
Cern (0041)	0001-003	33 / <u>                                    </u>	[X] UI	100%		3		26.0			
Grain (916) / Irrigated (002)	(033) 012S-029E		Johnny P's								
Comments:	***************************************					11.00%					
County: Flagler (035)					AL AVAIDAD STORM	NO AND		17 T.	200		
Potatoes (0084)	0001-000		וו 🗆	100%	<u>.</u>			9.6		41	
Whites (079) / Irrigated (002)	(029) 012S-029E	153/310/6	Home Place				1,033		2120	us y K c	
Comments:									9 1966		
County: Flagler (035)			10 (0.0000)		Name of the State		70 00000000000000000000000000000000000			70-70-00-00	
Potatoes (0084)	0001-000	06 / 🔯 I	□ UI	100%				110.4	- 1	<u> </u>	
Whites (079) / Irrigated (002)	(002) 012S-028E	297 / 303 / 3, 297 / 303 / 1*	Spatding	YE			21,991	2	200/	A -	
Comments:	· · · · · · · · · · · · · · · · · · ·				/ A			97504			
County: Flagler (035)	A						C				
Potatoes (0084)	0001-00		U U	100%				55.4			
Reds (078) / Irrigated (002)	(002) 012S-028E	297 / 303 / 5, 297 / 303 / 2*	Spalding				13,879		251/	te	
Comments:			***************************************						30 (1002)	901_0	
County: Flagler (035)			N W N		worker sees the strategy of a					1000 1000 M	
Potatoes (0084)	0001-00		UI UI	100%			7	20.5	45		
Reds (078) / Irrigated (002)	(029) 012S-029E	153/310/3, 153/310/6	Home Field	MATERIA (10			5,675		277/	de	
Comments:											
County: Flagler (035)			1-30.0	33346		975 36 April 10 April		95A00 19 (921)	000 UTWOME (8	The state of the second	
Potatoes (0084)	0001-00		□ UI	100%				3.2			
Reds (078) / Irrigated (002)	(033) 012S-029E	26 / 35 / 1	Johnny P's	28 38 88 8	8.00		545	0	170/A	Ł	
Comments:											
							3.0	- A. S.	77707070	W/A - W/A	

Remarks / Comments / Other / Other Characteristics:

Additional exist. \*\* Legal Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)
\*\* Record Type: A=Prod, Sold \ Commercial Storage, B=Farm Stored \ Record Bin Measurement, C=Livestock Feeding Records, D=Appraisal, E=FSA Loan Record, F=Other
\*\*\* Other: For skip row crops enter Planting Pattern, Row Width and Skip Row Factor. For Perennial crops enter the number of trees or vines. Claim = Claim Record, BFR = Beginning Farmer / Rancher







Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 12/29/2015

Johnny Kinney			Elbert Tucker (nsurance, Inc. (12-003) Elbert Tucker (1140)			2016	12-595-1017857	
Crop Type / Practice	Unit Number / Insura  Legal FSA / Tract / Description ** Field #	bility Farm Name	Share Record Type **  Other Person(s) Sharing in the Crop		Total Production	Acres	Yield	Processor Name & Number Other ****
ounty: Flagler (035) Potatoes (0084) Whites (079) / Irrigated (002)	0001-0033 / <b>3</b> I (033) 012S-029E 26 / 35 / 1	UI Johnny P's	100%		3,486	16.8	208cm	i/Ac

Remarks / Comments / Other / Other Characteristics:

\* Additional exist. \*\* Legat Description = Section, Township, Range & Other Land Identifiers (e.g. Spanish Land grants, metes & bounds, etc.)
\*\*\* Record Type: A=Prod. Sold \ Commercial Storage, B=Farm Stored \ Record Bin Measurement, C=Livestock Feeding Records, D=Appraisal, E=FSA Loan Record, F=Other
\*\*\*\* Other: For skip row crops enter Planting Pattern, Row Width and Skip Row Factor. For Perennial crops enter the number of trees or vines. Claim = Claim Record, BFR = Beginning Farmer / Rancher





# **Production Reporting Worksheet**

Hudson Insurance Company 7300 West 110th Street, Suite 400 Overland Park, KS 66210 Ph / Fx: (866) 450-1445 / (913) 345-1671

Print Date: 12/29/2015

Insured's Name	Agency and Agent Name	Crop Year	Policy Number
Johnny Kinney	Elbert Tucker Insurance, Inc. (12-003) Elbert Tucker (1140)	2016	12-595-1017857
	Elbert Tucker (1140)		

#### Collection of Information and Data (Privacy Act) Statement Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on the documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested information requested information requested in formation requested information requested information may also be disclosed to the public to assist interested information agents in a particular area. Disclosure of the information requested is voluntary. However, faiture to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

#### Non-Discrimination Statement

Non-Discrimination Policy - The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.)

To File a Program Complaint - If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form, Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Persons with Disabilities - Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

#### Hudson Insurance Privacy Policy

When you apply to any of the Hudson Insurance Group companies for any type of insurance, you disclose information about yourself to us. The collection, use and disclosure of such information is regulated by law. Hudson Insurance Group, its agents, affiliates and subsidiaries maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to certain personal information, to those with a business reason for knowing such information. Hudson Insurance Group also instructs its employees so that they will understand the importance of the confidentiality of personal information, and takes appropriate measures to enforce employee privacy responsibilities.

#### Certification Statement

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U. S. C. sect. 1006 and sect. 1014; 7 U. S. C. sect 1506; 31 U. S. C. sect. 3739, sect. 3739 and any other applicable federal statutes).

Insured's Printed Name		Date
Johnny Kinney		12-30-2015
Agent's Printed Name	Code	Date
Elbert Tucker	1140	12-30-2015



Page 4 of 4

Accord Town

EMAILED DEC 3 0 7015 Albany, GA 31707

# Doc 165-1 Filed 04/07/21 Page 56 of 77 Multiple Peril Crop Insurance

# Schedule of Insurance for the 2016 Crop Year

03/21/2016

Page: 1 of 3

Policy Number: 2016-FL-084-1113074

Mr Walton John Kinney **INSURED:** C/O Johnny Kinney

**Crop Insurance Division** 

Person Type: Spousal/Married

ELBERT FRANKLIN TUCKER AGENT: ELBERT TUCKER INSURANCE INC 1044 COUNTY ROAD 305 BUNNELL, FL 32110

Code No: 582755

	horized Representative(s): nited Authorized Rep(s):				POA(s):						
INS	URED CROP SUMMARY FOR S	TATE: Florida	Assignm	nent of Indemni	ty to: None				All (	Counties Option	n: No
Is the	e Applicant insuring the Tenant's s	share? YES NO		Is the A	Applicant insur	ing the Landlor	d's share?	YES NO	)		
Nan	ne of County Name of Crop(s	EU Does Un	it **New ucture Producer Plan	Coverage Level	% Price Elect, Proj. Price, or Amt of Ins.		Options/E	Elections/ sements	Name Endor	d Peril sement	
	ler (35) Potatoes	□ □ B/O		75%	100% of Ma		Yield Adj	ustment	None		
CRO	P ACREAGE SUMMARY (Revie	w information for accuracy ar	nd report errors immediately. R	evisions are s	ubject to appr	oval by comp	any.)				
Othe L i n e	Crop Unit County	Practice Type / Variety Acreage Type* (See legend) Plan / Coverage	Farm Name Farm # Legal Description, FSA Farm/Tract/Field /Other Land Identifier	APH Yield	Acres Guar/Acre Tot Guar	Plant Date Days Late Factor	Share Price* Liability	Unit Options Options & Factors	Prem Schg Map - Fact Risk Class	Exp Factor Base Rate Base Prem	Unit Opt Fac. Prem Fact Insured's Prem
1	Potatoes 0001-0001-OU Flagler (35)	Irr Group B 14-ZU APH (90) / 75%	12-12S-29E	281 CWT	0.0 210.8 0	0 1.000	1.000 12.00 E 0	1.000 1.000	1.000	1.00 0.08754237 \$0	1.00000000 0.45 \$0
2	Potatoes 0001-0002-OU Flagler (35)	Irr Group B 01-IP APH (90) / 75%	home place 153 29-12S-29E / 310-310-6	206 CWT 192 CWT	56.0 154.5 8,652	1/28/2016 0 1.000	1.000 12.00 E 103,824	OU YA 1.050 1.000	1.000	1.00 0.08754237	1.00000000 0.45
3	Potatoes 0001-0003-OU Flagler (35)	Irr Group B 14-ZU APH (90) / 75%	Dog Pen West 31-11S-29E	278 CWT	0.0 208.5 0	0 1.000	1.000 12.00 E 0	1.000 1.000	1.000	1.00 <b>0.08754237</b> \$0	1.00000000 0.45 \$0
12	Potatoes 0001-0003-OU Flagler (35)	Irr Group B 14-ZU APH (90) / 75%	Dog Pen East	246 CWT 246 CWT	0.0 184.5 0	0 1.000	1.000 12.00 E 0	1.000 1.000	1.000	1.00 <b>0.08754237</b> \$0	1.00000000 0.45 \$0

\* Price Type Code indicates type of price used for calculation of premium & coverages:

A=Average / B=Base / C=CAT / D=Dollar / E=Established / H=Projected Harvest / M=Market / N=Non-Quota / Q=Quota / P=Pre-Sales / S=Support / T=Contract / W=Written Agreement \*\* I certify I have not produced the insured crop in the county for more than two years



Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

Flag	gler Potatoes	Continued									
Othe	er Person(s)										
Line	Crop Unit County	Practice Type / Variety Acreage Type* (See Legend) Plan / Coverage	Farm Name Farm # Legal Description, FSA Farm/Tract/Field /Other Land Identifier	APH Yield Rate Yield	Acres Guar/Acre Tot Guar	Plant Date Days Late Factor	Share Price* Liability	Unit Options Options & Factors	Prem Schg Map - Fact Risk Class	Exp Factor Base Rate Base Prem	Unit Opt Fac. Prem Fact Insured's Prem
4	Potatoes 0001-0004-OU Flagler (35)	Irr Group B 14-ZU APH (90) / 75%	Alberts main farm 5-12S-29E	270 CWT 241 CWT	0.0 202.5 0	0 1.000	1.000 12.00 E 0	OU YA 1.050 1.000	1.000	1.00 0.08754237 \$0	1,00000000 0.45 \$0
6	Potatoes 0001-0006-OU Flagler (35)	Irr Group B 01-IP APH (90) / 75%	spalding 297 2-12S-28E / 297-303-1,2,3,4,6	235 CWT 235 CWT	132.6 176.3 23,377	2/24/2016 0 1,000	1,000 12.00 E 280,524	1,000 1,000	1.000	1.00 0.08754237	1.00000000 0.45
7	Potatoes 0001-0007-OU Flagler (35)	Irr Group A 01-IP APH (90) / 75%	Spalding 297 2-12S-28E / 297-303-2,5	234 CWT	17.3 175.5 3,036	2/18/2016 0 1,000	1.000 20.00 E 60,720	0U 1,000 1,000	1_000	1.00 0.08754237	1.000000000
8	Potatoes 0001-0008-OU Flagler (35)	Irr Group A 14-ZU APH (90) / 75%	Home Field 153 29-12S-29E / 310-310-6	240 GWT	0.0 180.0 0	1.000	1.000 20.00 E 0	0U 1.000 1.000	1.000	1.00 0.08754237 \$0	1.00000000 0.45 \$0
9	Potatoes 0001-0032-OU Flagler (35)	Irr Group A 14-ZU APH (90) / 75%	Johnny P's 26 33-12S-29E	214 CWT	0.0 160.5 0	0 1.000	1.000 20.00 E 0	1.000 1.000	1,000	1.00 0.08754237 \$0	1.00000000 0.45 \$0
10	Potatoes 0001-0033-OU Flagler (35)	Irr Group B 14-ZU APH (90) / 75%	Johnny P's 26 33-12S-29E	218 CWT 218 CWT	0.0 163.5 0	Ó 1.000	1.000 12.00 E 0	OU 1,000 1,000	1.000	1.00 0.08754237 \$0	1.00000000 0.45 \$0
11	Potatoes 0001-0034-OU Flagler (35)	Irr Group A 14-ZU APH (90) / 75%	Spalding 2-12S-29E	228 CWT	0.0 171.0 0	1.000	1.000 20.00 E 0	0U 1.000 1.000	1.000	1.00 0.08754237 \$0	1.00000000 0.45 \$0
To	tal for Flagler, Potatoes		Acro	es: 205.9	Guarantee/A	mt. of Cov.: 35,0	165 CWT	Liability: \$44	15,068	\$39,417	\$17,737

\* Price Type Code indicates type of price used for calculation of premium & coverages:

A=Average / B=Base / C=CAT / D=Dollar / E=Established / H=Projected Harvest / M=Market / N=Non-Quota / Q=Quota / P=Pre-Sales / S=Support / T=Contract / W=Written Agreement

\*\* I certify I have not produced the insured crop in the county for more than two years



Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

\*\*\*Note: This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change.

#### ACREAGE TYPE LEGEND

\*Acreage Type Legend: (1) Insured, (2) Insured-Acreage emerging from CRP initial crop year, (3) Insured - New Breaking, insured is able to substantiate acreage has previously been in production, (4) Insured - New Breaking by WA, (5) Insured - New Breaking by WA, unable to substantiate acreage has previously been in production, (6) Prevented planting, (7) Uninsurable, (9) Uninsurable due to 2nd crop provisions, (10) Uninsurable due to new breaking, insured unable to substantiate acreage has previously been in production. (12) Unreported acreage within same unit, (13) Unreported units, (14) Zero acreage report for unit, (15) Zero acreage report for county, (16) New breaking insurable by SPOI, (17) Insured - New Breaking, insured is unable to substantiate acreage has previously been in production, (18) Acreage elected under the ARC program, (19) Total native sod acreage greater than five acres insured under the terms of the policy due to subsequent year of planting, (20) Total native sod acreage greater than five acres insured under the terms of the Special Provisions, (21) Total native sod acreage greater than five acres insured by WA.

\* Price Type Code indicates type of price used for calculation of premium & coverages:

A=Average / B=Base / C=CAT / D=Dollar / E=Established / H=Projected Harvest / M=Market / N=Non-Quota / Q=Quota / P=Pre-Sales / S=Support / T=Contract / W=Written Agreement

\*\* I certify I have not produced the insured crop in the county for more than two years



	0.40 1.10 0.4404 1.45	F 4.4 F' 0.467404 - Dec FO - ( 77	
Albany		italtipfidePe41PC4topPassaFaafee	03/21/2016
GREATAMERICAN 618 #2 North Westover Bouler	vard Crop Hail, Na	amed Peril and/or Multiple Peril Crop I	nsurance Page: 1 of 3
INSURANCE COMPANY Albany, GA 31707 Crop Insurance Division		Assignment of Indemnity	
Crop insurance Division		Effective for the 2016 Crop Year	Policy Number: 2016-FL-084-1113074
INSURED: Mr Walton John Kinney		AGENT: ELBERT FRANKL	
C/O Johnny Kinney		ELBERT TUCKER 1044 COUNTY RO BUNNELL, FL 32	AD 305
Authorized Representative(s):		POA(s):	
Limited Authorized Rep(s):		(-)-	
The Insured Mr Walton J	ohn Kinney	(Herein referred to as the "	insured") assigns to
0			(Herein referred to as the "Lender")
(Name of Lender or Creditor)	(Mailing Address)	(City, State, and Zip Code)	
	Name of County(ies)	Crop(s)	
	Flagler	Potatoes	

Assignment of Indemnity - Effective to Page 60 of 77

03/21/2016 Page: 2 of 3

Policy Number: 2016-FL-084-1113074

Mr Walton John Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL TERMS AND CONDITIONS (1) This assignment will be binding upon the person(s) who succeed the insured s interest in the insurance policy. (2) Indemnity payments made under the insurance policy will be subject to a deduction for any indebtedness due this Approved Insurance Provider by the insured. (3) This assignment will not grant the Creditor any greater rights than originally held by the insured. (4) The Creditor's interest will be recognized upon Approved Insurance Provider's approval of this assignment and the Creditor will have the right to submit the loss notices and other forms as required by the insurance policy. (5) The Approved Insurance Provider will determine the person(s) entitled to any indemnity payment(s) and the payment(s) will be by joint check. (6) Cancellation of this assignment prior to and during the crop year stated above will be accepted by the Approved Insurance Provider only upon notification in writing by the above identified Creditor(s). It is understood and agreed that this assignment will be subject to the terms and conditions of the insurance policy. (7) If the assignment is not canceled according to item (6), the assignment will cease at the end of the effective crop year. Insured's Signature Date Creditor's Signature Mr Walton John Kinney Creditor's Printed Name Insured's Printed Name Date Witness Signature Witness Signature Date Date Witness Printed Name Witness Printed Name Date Insurance Provider Authorization This assignment was filed with the Approved Insurance Provider on  $\square$ AM  $\square$ PM (Month & Day) (Year) (Time) (Check One) The insurance provider hereby approves the foregoing assignment Date (Approved Insurance Provider's Authorized Representative Signature) Date (Approved Insurance Provider's Authorized Representative Printed Name)



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Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

Policy Number: 2016-FL-084-1113074 Mr Walton John Kinney

#### COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

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#### NONDISCRIMINATION STATEMENT

#### Non-Discrimination Policy

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

#### To File an Employment Complaint

If you wish to file an employment complaint, you must contact your Agency's EEO Counselor (Click the hyperlink for a listing of EEO Counselors), within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at http://www.ascr.usda.gov/complaint\_filing\_file.html.

#### To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint filing cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program intake@usda.gov.

#### Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).



03/21/2016 Page: 3 of 3



**Crop Insurance Division** 

January 17, 2017

ELBERT TUCKER INSURANCE INC 1044 COUNTY ROAD 305 BUNNELL, FL 32110

RE: Mr Walton John Kinney

Policy Number: 2017-FL-084-1113074

#### Dear Agent:

This letter is to confirm the cancellation of the above listed Multiple Peril Crop Insurance Policy written with the Great American Insurance Company. A copy of this letter for the 2017 reinsurance year is enclosed so you may inform the insured.

Reason for cancellation given is: Terminated

County / Crop / Ins Plan

Flagler / Potatoes APH (01/17/2017 16:01:28 PM)

If you have any questions concerning the above policy, please contact our office as soon as possible.

Great American Insurance Company Albany 618 #2 North Westover Boulevard

Albany, GA 31707

Enclosure

CC: Policy file Marketing

Walton John Case 8:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 63 of 77

RE: Multiple Peril Crop Insurance Policy # 2016-FL-084-1113074

Please be advised that your Multiple Peril Crop Insurance Policy for the following listed crops has been terminated for 2017 as of 1/1/2017 for reason of non-payment of your 2016 premium.

CROP / COUNTY

Potatoes / Flagler

Payments received after the termination date will not reinstate your crop insurance coverage. The Federal Crop Insurance Corporation (FCIC) compiles a list of persons who have been found ineligible for program benefits under the Federal Crop Insurance Act (Act) because of non-payment of premium or an overpaid indemnity, or program or controlled substance violations. The Ineligible Listing will be used by FCIC and distributed to all Insurance Companies reinsured by FCIC. The debt was not paid by the crop termination date; therefore, your name will be reported to FCIC to be placed on the Ineligible Listing.

If you have any questions concerning your policy status, please contact your agent or Great American Insurance at (888) 410-0468.

Sincerely,

Michael Kelley Vice President

Michael P Kelley

ELBERT TUCKER INSURANCE INC cc:

> 1044 COUNTY ROAD 305 BUNNELL, FL 32110

	Multiple Peril Crop	Insurance 12/29/2016
GREATAMERICAN. Albany	Production Certification	
INSURANCE COMPANY 018 #2 North Westover Boulevard	APH Yield Computation for the 2	Ctata Planti
Crop Insurance Division Albany, GA 31/07	ALI TICIA COMPANIANI IN THE E	Policy Number: 2017-FL-084-1113074
INSURED: Mr Walton John Kinney	AGENT: ELBERT	FRANKLIN TUCKER Code No: 582755
C/O Johnny Kinney	ELBERT	TUCKER INSURANCE INC
		NTY ROAD 305 L, FL 32110
	BUNNEL	2, FL 32110
Authorized Representative:	POA:	
1 Unit 0001-0001-OU - Flagler County Potatoes Plan: APH(90)/75%	2 Unit 0001-0002-OU - Flagler County Potatoes Plan: APH(90)/75%	3 Unit 0001-0003-OU - Flagler County Potatoes Plan: APH(90)/75%
Practice/Type: Irrigated(IRRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Crop Options; YA	Practice/Type: Irrigated(IRRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Crop Options: YA	Practice/Type: Irrigated(IRRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Crop Options:YA
Section/Township/Range/Other Land ID FSA Farm/Tract/Field Number 12-12S-29E	Section/Township/Range/Other Land ID FSA Farm/Tract/Field Number 29-12S-29E 310-310-6	Section/Township/Range/Other Land ID FSA Farm/Tract/Field Number 31-11S-29E
Share: 1.000 Yield Indicator*:	Share: 1.000 Yield Indicator:	Share: 1.000 Yield Indicator*:
Other Persons Sharing: T-Yield Map Area: Other Characteristics:	Other Persons Sharing: T-Yield Map Area: Other Characteristics:	Other Persons Sharing: T-Yield Map Area: Other Characteristics:
Insurability 3: Processor Number/Name:	Insurability <sup>3</sup> : Processor Number/Name:	Insurability <sup>3</sup> : Processor Number/Name:
New Producer*** Number of Trees/Vines:	New Producer*** Number of Trees/Vines:	New Producer*** Number of Trees/Vines;
Added Land/New Crop/Practice/Type/TMA Cropland Acres:	Added Land/New Crop/Practice/Type/TMA Cropland Acres:	Added Land/New Crop/Practice/Type/TMA Cropland Acres:
Multi Crop Reporting Reason¹:	Multi Crop Reporting Reason': Yield YE	Multi Crop Reporting Reason¹;Yleld
Year Production Acres Yield/Desc YA 1998 6,080.0 20.0 304 A 304	Year Production Acres Yield/Desc YA YE Opt-Out	Year Production Acres Yield/Desc YA
1998 6,080.0 20.0 304 A 304 1999 4,080.0 20.0 204 A 204	2005 34,656.0 96.0 361 A 361 2008 16,338.0 66.0 248 A 248	2006 0.0 0.0 246 T 246 2007 0.0 0.0 246 T 246
2001 4,640.0 20.0 232 A 232	2009 25,637.0 220.2 116 a 148	2008 744.0 3.0 248 A 248
2003 5,800.0 20.0 290 A 290 2004 6,960.0 20.0 348 A 348	2010 46,843.0 211.6 221 A 221 2011 27,013.0 231.5 117 a 148	2010 0.0 0.0 0 Z 0
2005 6,100.0 20.0 305 A 305	2011 27,013.0 231.5 117 a 146 2012 48.114.0 226.0 213 A 213	2011 6,714.0 18.0 373 A 373 2012 0.0 0.0 0.Z 0
2013 0.0 0.0 0Z 0	2013 23,441.0 132.0 178 A 178	2013 0.0 0.0 0.Z 0
2014 0.0 0.0 0 Z 0	2014 718.0 4.0 180 A 180	2014 0.0 0.0 0 Z 0
2015 0.0 0.0 0 Z 0	2015 2,033.0 9.6 212 A 212	2015 0.0 0.0 0 Z 0
2016 0.0 Commingled Production	2016 9,184.0 56.0 164 A Commingled Production	2016 0.0 Commingled Production
Record Type <sup>2</sup> : Required: ☐Inspection ☐Field Review	Record Type <sup>2</sup> . Required: Inspection Field Review	Record Type 2 Required: Inspection Field Review
Prior APH Yield: 281 Total: 1,683 1,683	Prior APH Yield: 206 Total: 2,010 2,073	Prior APH Yield: 278 Total: 1,113 1,113
T Yield: 246 Avg: 281 281	T Yield: 246 Avg: 201 207	T Yield: 248 Avg: 278 278
#Ref Years: 17 Preliminary Yield: 281 Yield Limit: Rate Yield: 281	# Ref Years: 17 Preliminary Yield: 207 Yield Limit: Rate Yield: 201	# Ref Years: 17 Preliminary Yield: 278 Yield Limit: Rate Yield: 278
Approved APH Yield	Approved APH Yield	Approved APH Yield
(for insurance provider use only):	(for Insurance provider use only):	(for Insurance provider use only):
Guarantee UOM Per Acre: 210.8	Guarantee UOM Per Acre: 155.3	Guarantee UOM Per Acre: 208.5
Comments:	Comments:	Comments:



Production Contification Would be t	41 - 2017 C V	12/29/2016		
Production Certification Worksheet - for Policy Number: 2017-FL-084-1113074 Mr Walton John R Agency: 582755 ELBERT TUCKER INSURANCE INC / B	Cinney	Page: 2 of 6		
12 Unit 0001-0003-OU - Flagler County Potatoes Plan: APH(90)/75%	4 Unit 0001-0004-OU - Flagler County Potatoes Plan: APH(90)/75%	6 Unit 0001-0006-OU - Flagler County Potatoes Plan: APH(90)/75%		
Practice/Type: irrigated((RRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Crop Options: YA	Practice/Type: Irrigated(IRRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Crop Options: YA	Practice/Type: irrigated(iRRIGATED) / Group B(GRP B) Acres: 0.0 Note: Cty Grop Options:YA		
Section/Township/Range/Other Land IQ FSA Ferm/Tract/Field Number	Section/Township/Range/Other Land ID FSA Farm/Tract/Field Number 5-128-29E	Bection/Township/Range/Other Land ID 2-12S-28E FSA.Farm(Tract/Field Number. 297-303-1,2,3,4,6		
Share: 1.000 Yield Indicator*: Other Persons Sharing: T-Yield Map Area: Other Characteristics: Insurability*: Processor Number/Name: New Producer** Number of Trees/Vines: Added Land/New Crop/Practice/Type/TMA Cropland Acres:	Share: 1,000 Yield Indicator : Other Persons Sharing: T-Yield Map Area; Other Characteristics: Insurability : Processor Number/Name: Number of Trees/Vines: Added Land/New Crop/Practice/TyperTMA Cropland Acres:	Share: 1.000 Yield Indicator*: Other Persons Sharing: T-Yield Map Area; Other Characteristics: Insurability*: Processor Number/Name:		
Multi Crop Reporting Reason':	Multi Crop Reporting Reason's:  Year Production Acres YieldDeec YA YE Opt-Out 2001 4,800.0 20.0 240 A 240 2002 8,000.0 25.0 320 A 320 2003 11,739.0 39.0 301 A 301 2004 450.0 15.0 30 a 148	Multi Crop Reporting Reason': Yletd		
2011	2005 7,524.0 22.0 342 A 342 2009 23,142.0 58.0 399 A 399 2010 20,668.0 58.0 346 A 346 2011 17,825.0 58.0 307 A 507 2012 5,925.0 58.0 102 a 148	2011 0 0 2012 2013 0.0 0.0 246 T 246 2014 0.0 0.0 248 T 246 2015 21,990.0 110.1 200 A 200		
2016 0.0 246T Commingled Production  Record Type*: Required: Inspection Field Review	20160.0Commingled Production  Record Type <sup>2</sup> : Required:tinspectiontinst Review	2016 27,316.0 132.6 206 A ☐ Commingled Production  Record Type <sup>2</sup>		
Prior APH Yield: Total: 984 984 TYield: 246 Avg: 246 246 # Ref Years: 17 Preliminary Yield: 246 Yield Limit: Rate Yield: 246	Prior APH Yield:         270 Total: 2,387 2,551           T Yield:         246 Avg: 241 283           # Ref Years:         17 Preliminary Yield: 270           Yield Limit:         Rate Yield: 241	Prior APH Yield: 235 Total: 898 898  T Yield: 246 Avg: 225 225  # Ref Years: 17 Preliminary Yield: 225  Yield Limit: Rate Yield: 225		
Approved APH Yield (for Insurance provider use only):  3uarantee UOM Per Acre: 184.5	Approved APH Yield (for Insurance provider use only):  Guarantee UOM Per Acre:  202.5	Approved APH Yield (for Insurance provider use only): Guarantee UOM Per Acre: 168.8		
Comments:	Comments:	Comments:		



Production Certification Worksheet - fo Policy Number: 2017-FL-084-1113074 Mr Walton John Agency: 582755 ELBERT TUCKER INSURANCE INC /	Kinney	12/29/2016 Page: 3 of 6
7 Unit 0001-0007-OU - Flagler County Potatoes Plan: APH(90)/75%	8 Unit 0001-0008-OU - Flagler County Potatoes Plan: APH(90)/75%	6 9 Unit 0001-0032-OU - Flagler County Potatoes Plan: APH(90)/75%
Practice/Type: irrigated(iRRiGATED) / Group A(GRP A)	Practice/Type: Imigated(IRRIGATED) / Group A(GRP A) Acres: 0.0 Note: Cty Crop Options: YA Section/Township/Range/Other Land ID FSA Farm/Tract/Field Number 310-310-6	Practice/Type: Irrigated(IRRIGATED) / Group A(GRP A) Acres: 0.0 Note: Gty Grop Options; YA Section/Township/Range/Other Land ID
Share: 1.000 Yield Indicator*: Other Persons Sharing: T-Yield Map Area: Other Characteristics: nsurability*: Processor Number/Name: New Producer*** Number of Trees/Vines: Added Land/New Crop/Practice/Type/TMA Cropland Acres:	Share: 1.000 Yield Indicator: Other Persons Sharing: T-Yield Map Area: Other Characteristics: Insurability': Processor Number/Name: Number of Trees/Vines: Added Land/New Crop/Practice/Type/TMA Cropland Acres:	Share: 1,000 Yield Indicator <sup>4</sup> : Other Persons Sharing: T-Yield Map Area: Other Characteristics: Insurability <sup>3</sup> : Processor Number/Name:
Multi Crop Reporting Reason':  Year Production Acres Yield/Desc YA 2007 0 2008 0 0 0 2009 0 0 2010 0 0 2011 0 0 2012 0 0 2013 0.0 0.0 228 T 228 2014 0.0 0.0 228 T 228 2015 13,879.0 55.4 251 A 251	Multi Crop Reporting Reason*:	Multi Crop Reporting Resson':
Record Type?: Required: Inspection Field Revie Prior APH Yield: 234 Total: 913 913 T Yield: 228 Avg: 228 228 # Ref Years: 17 Preliminary Yield: 228 Yield Limit: Rate Yield: 228 Approved APH Yield for insurance provider use only): Guarantee UOM Per Acre: 171.0	2016	2016 Commingled Production  Record Type? Required: Inspection Field Review  Prior APH Yield: 214 Total: 854 854     T Yield: 228 Avg: 214 214     SREf Years: 17 Preliminary Yield: 214     Yield Limit: Rate Yield: 214  Approved APH Yield (for Insurance provider use only):
omments:	Comments:	Comments:



Production Certification Worksheet - for Policy Number: 2017-FL-084-1113074 Mr Walton John K Agency: 582755 ELBERT TUCKER INSURANCE INC / BI	inney	12/29/2016 Page: 4 of 6
10 Unit 0001-0033-OU - Flagler County Potatoes Plan: APH(90)/75%	11 Unit 0001-0034-OU - Flagler County Potatoes Plan: APH(90)/75%	Unit, County & Crop: Plan:/
Practice/Type: Irrigated(IRRIGATED) / Group B(GRP B)	Practice/Type: Irrigated(IRRIGATED) / Group A(GRP A) Acres: 0.0 Note: Section/Townshis/Range/Other Land ID FSA Farm/Tract/Field Number	Practice/Type: / Acres:
ascadu Administrating Const. Land LV 23-128-29E	Section/Township/Range/Other Land ID 2-12S-29E - FSA Farm/Tract/Field Number	Section/Township/RangerOther Land ID ESA.Earm/Tract/Field Number
Share: 1.000 Yield Indicator*:  Other Persons Sharing:  T-Yield Map Area:  Other Characteristics:  Insurability*:  New Producer**  Number of Trees/Vines:  Added Land/New Crop/Practice/Type/TMA  Cropland Acres:	Share: 1.000 Yield Indicatof: Other Persons Sharing:	Share: Yield Indicator*:  Other Persons Sharing: Other Characteristics: Insurability*: Processor Number/Name:  New Producer*** Number of Trees/Vines:  Added Land/New Crop/Practice/Type/TMA Cropland Acres:
Multi Crop Reporting Reason*: Yield  Year Production Acres Yield/Desc YA  2007 0  2008 0 0 2009 0 0 2010 0 2011 0 2012 10,578.0 40.0 264 A 264 2013 4,447.0 30.0 148 A 148 2014 6,568.0 26.0 253 A 253 2015 3,485.0 16.8 207 A 207	2010 0 2011 0 2012 0	Multi Crop Reporting Reason*:  Year Production Acres YieldDesc 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016
2016 0.0 Commingled Production  Record Type*: Required: Inspection Field Review	2016	2017 Commingled Production  Record Type Required:InspectionField Review
Prior APH Yield: 218 Total: 872 872  T Yield: 246 Avg: 218 218  # Ref Years: 17 Preliminary Yield: 218  Yield Limit: Rate Yield: 218  Approved APH Yield  Gro Insurance provider use only):  Guarantee UOM Per Acre: 163.5	Prior APH Yield: Total: 912 912 T Yield: 228 Avg: 228 228 # Ref Years: 17 Preliminary Yield: 228 Yield Limit: Rate Yield: 228  Approved APH Yield (for Insurance provider use only):	Prior APH Yield: Total: T Yield: Avg:  # Ref Years: Preliminary Yield: Yield Limit: Rate Yield:  Approved APH Yield (for insurance provider use only):  Guarantee UOM Per Acre:
Comments:	Comments:	Coniments:



#### Production Certification Worksheet - for the 2017 Crop Year

12/29/2016

Policy Number: 2017-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

#### LEGEND

Yield Desc: a=Adjusted Actual Yield; A=Actual Yield; T=Transitional Yield; Z=Zero Acres Planted;

2009 - Yield Exclusion eligible year and YE opt out checkbox if elected on county/crop. See county/crop options.

\* T-Yield used for Yield Exclusion
\*\*\*I certify I have not produced the insured crop in the county for more than two years

Multi Crop Year Reporting Reason Legend: (1) Certification of crop years not previously certified, (2) Correction, (3) Replacement of temporary yield, (4) Replacement of assigned yields, (5) Certification by new insured, (6) Certification using another producer's history for new acreage, (7) Recertification for new actuarial offer, (8) Recertification for new unit structure, (9) Other

Record Type Legend: (A) Harvested Production: sold/commercial storage, (B) Harvested Production: farm stored/measured by insured, (C) Harvested Production:pick/daily sales records, (D) Harvested Production: automated yield monitoring system, (E) Harvested Production: farm-stored measured by authorized representative, (F) Harvested Production: livestock feeding records, (G) Harvested Production: feld harvest records, (H) Harvested Production: other, (I) Unharvested and destroyed, (J) Unharvested and put to another use (K) Unharvested and production appraised by AIP, (L) Unreported production. (ARPI only)

Insurability: (A) Insurable, (B) Uninsurable, (C) Uninsured Acre, (D) Acreage where a PP payment was reduced due to planting of second crop, (E) Uninsurable cause of loss appraisal

Yield Indicator:

NS - Native Sod

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policynoiders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance. Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators. Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Steroider Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the assessment of procedures and the assessment of procedures are all the assessment of procedures are the administrative tribunal the administrative tribunal to correct the AIP and FCIC, Federal regulations or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

# Non-Discrimination Policy

NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for amployment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file an employment complaint, you must contact your Agency's EEO Counselor (Click the hyperlink for a listing of EEO Counselors), within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional filing information can be found online at <a href="http://www.ascr.usda.gov/complaint\_filing.itle.html">http://www.ascr.usda.gov/complaint\_filing.itle.html</a>. To File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html. or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed completed completed to make the possibility of the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program intake guida.gov. Persons with Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service et (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

#### CERTIFICATION STATEMENT

#### ANTI-REBATING STATEMENT(S) Applicant/Insured Statement

\*I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, received, accepted, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

(Form M202)

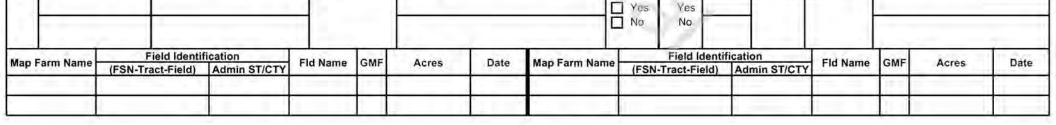


Production Certification Worksheet - for the 2017 Crop Year	Page: 6 of 6
Policy Number: 2017-FL-084-1113074 Mr Walton John Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL	
understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved	APH yield.
certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, imited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. 81006 and 81014; 7 U.S.C. 81506; 31 U.S.C. 83729, 83730 and any other applicable federal statutes).	including but not
Mr Walton John Kinney	2/29/2014
Insured's Printed Name and Signature	(Date)
"I certify, for the crop year indicated, that I have neith offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibit	
premium, or any other valuative consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. Luncerstand that his profile include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sar but not limited to criminal and civil penalties and administrative.	rance Act (Act) (7

ELBERT FRANKLIN TUCKER

Agent's Printed Name and Signature

Case 3:18-bk-04194-JAF Doc 165-1 Filed 04/07/21 Page 70 of 77 Multiple Peril Crop Insurance 03/08/2021 Albany Page: 1 of 4 618 #2 North Westover Boulevard **Preliminary Acreage Reporting Form** GREATAMERICAN, Albany, GA 31707 INSURANCE COMPANY Effective for the Crop Year **Crop Insurance Division** Policy Number: 2021-FL-084-1149320 Preliminary Form Incomplete Data ELBERT FRANKLIN TUCKER INSURED: Walton Kinney AGENT: Code No: 582755 ELBERT TUCKER INSURANCE INC 608 NORTH STATE ST BUNNELL, FL 32110 Spouse's Name: Authorized Representative: POA: Added Acreage (CL): Limited Authorized Rep: Is the Applicant insuring the Landlord's share? YES NO Is the Applicant insuring the Tenant's share? YES NO INSURED CROP SUMMARY FOR STATE: Florida Assignment of Indemnity to: None Potatoes % Price Election, Proj. Price. EU Does not Qualify Plan: APH(90) Flagler County (35) Coverage Level: 65% Options: None Unit Structure Options: None or Amt of Ins: 85% of Max Added Map High Unit Practice / Type Options Line Note **Plant Date** Share % Risk Land Area (Late - Factor) Acr Type\* - Rpt Date Variety Elections Section / Township / Range Others Sharing in Crop P/T/V Yield Land <Invalid Practice> ☐ Yes Yes □ No V No 0 Field Identification Field Identification GMF Map Farm Name GMF Map Farm Name Fld Name Acres Date Fld Name Acres Date (FSN-Tract-Field) Admin ST/CTY (FSN-Tract-Field) Admin ST/CTY



Do you have a CAT policy to exclude High Risk or High Risk Exclusion?

Line Note

Section / Township / Range

Share %

Others Sharing in Crop

☐ No

Acres

Plant Date

☐ Yes

Мар

Area

Yield

Added

Land

P/T/V

High

Risk

Land

Additional/Uninsured Acreage (give reason)

Acr Type\* - Rpt Date

Practice / Type

Variety

Options

Elections

# Preliminary Acreage Reporting Form - Effective for the Crop Year Policy Number: 2021-FL-084-1149320 Walton Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

Preliminary Form Incomplete Data

Page: 2 of 4

Ada	itional/Un	insured .	Acreage	(give reason)	Do	o you hav	e a CAT policy	to exclude	High Risk or High	Risk Exc	lusion?	Yes	□ No				
L 1 0	Un Acr Type* -	The second secon	Pr	actice / Type Variety	1,000,000,00	ions tions	Sectio	Line Not n / Townsh	The same of the sa	High Risk Land	Added Land P/T/V	Map Area Yield	Acres	Plant Date	o	Share % thers Sharing in	Сгор
										Yes No	Yes No	E	-				
Map Farm Name		Field Identification (FSN-Tract-Field) Admin ST/CT		ication Admin ST/CTY	Fld Name	GMF	Acres	Date	Map Farm Na	me (FS	Field lo	lentificat	I I ion Imin ST/CTY	Fld Name	GMF	Acres	Date

Please use the following codes for reason for Uninsured Acreage: 1=Late Planted / 2=	Ineligible Risk or Area / 3 Ineligi	ible Practice or Type / 4=Ineligible	Type / 5=Other / 6=Farm Unit Excluded	/ 9=No Yield Form Received / L	J=Unknown Unit Structure / M=Master Yield
REMARKS SECTION					

# Preliminary Acreage Reporting Form - Effective for the Crop Year

Policy Number: 2021-FL-084-1149320 Walton Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC/BUNNELL, FL

Preliminary Form Incomplete Data

Page: 3 of 4

#### ACREAGE TYPE LEGEND

\*Acreage Type Legend: (1) Insured, (2) Insured-Acreage emerging from CRP initial crop year, (3) Insured - New Breaking, insured is able to substantiate acreage has previously been in production, (4) Insured - New Breaking by WA, (5) Insured - New Breaking by WA, unable to substantiate acreage has previously been in production, (6) Prevented planting, (7) Uninsurable, (9) Uninsurable due to 2nd crop provisions, (10) Uninsurable due to new breaking, insured unable to substantiate acreage has previously been in production. (12) Unreported acreage within same unit, (13) Unreported units, (14) Zero acreage report for county, (16) New breaking insurable by SPOI, (17) Insured - New Breaking, insured is unable to substantiate acreage has previously been in production, (18) Acreage elected under the ARC program, (19) Insured - Native sod acreage insured under the terms of the policy, (20) Insured - Native sod acreage insured by WA, (22) Intended Acreage from GEAR.

#### COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

#### Non-Discrimination Policy

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found enline at How to File a Program Discrimination Complaint, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form call (866)632-9992. Submit your completed form or letter to USDA by: (1)mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2)fax: (202)690-7442; or (3)email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

For more information, contact the RMA Civil Rights Office at 202-690-3578 (main line).

#### USDA MULTIPLE BENEFIT CERTIFICATION STATEMENT

I understand that obtaining multiple Federal benefits for the same loss, such as a Noninsured Crop Disaster Assistance Program (NAP) payment(s) and a Federal crop insurance indemnity, is prohibited by law. I certify that I have, or will disclose any other USDA benefit; including any NAP benefit, received for this crop. Failure to disclose the receipt of multiple Federal benefits, or failure to repay one of the multiple Federal benefits such as either the NAP benefit or the Federal crop insurance indemnity for the same crop, may result in my being disqualified from receiving Federal crop insurance benefits, as well as being ineligible for various programs administered by the Farm Service Agency for up to five (5) years.



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Policy Number: 2021-FL-084-1149320 Walton Kinney

Agency: 582755 ELBERT TUCKER INSURANCE INC/BUNNELL, FL

Preliminary Form Incomplete Data

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#### CERTIFICATION STATEMENT

# ANTI-REBATING STATEMENT Applicant/Insured Statement

"I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, rebate, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 U.S.C. §1515(h)) and all other applicable federal statutes."

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. ß1006 and ß1014; 7 U.S.C. ß1506; 31 U.S.C. ß3729, ß3730 and any other applicable federal statutes). To the best of my knowledge, the Grid ID accurately identifies the location of the insured acreage; and acreage assigned to each Grid ID is accurate.

Insured's Printed Name	Signature	(Date)
	Agent Statement	
of premium, or any other valuable consideration to this person elinclude payment of administrative fees, performance based disco (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a fix	or promised, directly or indirectly, any benefit, including money, goods, or services fo ther as an inducement to procure insurance or in exchange for obtaining insurance at ounts, and any other payment approved by FCIC that are authorized under sections 5 alse certification or failure to completely and accurately report any violation may subju- instrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and	fter it has been procured. I understand that this prohibition does not i08(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) ect me, and all agencies/companies I represent, to sanctions.
I certify that I am responsible for establishing the approved APH my knowledge.	yields that are used to calculate the production guarantees contained in this acreage	report and that such approved APH yields are correct to the best of
ELBERT FRANKLIN TUCKER		
Agent's Printed Name	Signature	(Date) (Agent's Code)



Walton Kinney

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# Multiple Peril Crop Insurance **Preliminary Acreage Reporting Form**

Effective for the Crop Year

03/08/	2021
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Policy Number: 2021-FL-084-1149320 Preliminary Form Incomplete Data ELBERT FRANKLIN TUCKER INSURED: Walton Kinney AGENT: Code No: 582755 ELBERT TUCKER INSURANCE INC 608 NORTH STATE ST BUNNELL, FL 32110 Spouse's Name: Authorized Representative: POA: Added Acreage (CL): Limited Authorized Rep: Is the Applicant insuring the Landlord's share? YES NO Is the Applicant insuring the Tenant's share? YES NO INSURED CROP SUMMARY FOR STATE: Florida Assignment of Indemnity to: None Potatoes % Price Election, Proj. Price. EU Does not Qualify Plan: APH(90) Flagler County (35) Coverage Level: 65% Options: None Unit Structure Options: None or Amt of Ins: 85% of Max Added Map High Unit Practice / Type Options Line Note **Plant Date** Share % Risk Land Area Acr Type\* - Rpt Date Variety Elections Section / Township / Range (Late - Factor) Others Sharing in Crop P/T/V Yield Land <Invalid Practice> ☐ Yes Yes □ No V No 0 Field Identification Field Identification GMF Map Farm Name GMF Map Farm Name Fld Name Acres Date Fld Name Acres Date (FSN-Tract-Field) Admin ST/CTY (FSN-Tract-Field) Admin ST/CTY Yes ☐ No Additional/Uninsured Acreage (give reason) Do you have a CAT policy to exclude High Risk or High Risk Exclusion? Added Мар High Practice / Type Options Line Note Share % Plant Date Risk Land Area Acres Others Sharing in Crop Acr Type\* - Rpt Date Variety Elections Section / Township / Range P/T/V Land Yield Yes Yes ☐ No No Field Identification Field Identification Map Farm Name Fld Name GMF Fld Name GMF Acres Date Map Farm Name Acres Date (FSN-Tract-Field) Admin ST/CTY (FSN-Tract-Field) Admin ST/CTY

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# Preliminary Acreage Reporting Form - Effective for the Crop Year Policy Number: 2021-FL-084-1149320 Walton Kinney Agency: 582755 ELBERT TUCKER INSURANCE INC / BUNNELL, FL

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Ada	itional/Un	insured .	Acreage	(give reason)	Do	o you hav	e a CAT policy	to exclude	High Risk or High	Risk Exc	lusion?	Yes	□ No				
L 1 0	Un Acr Type* -	The second secon	Pr	actice / Type Variety	1,000,000,00	ions tions	Sectio	Line Not n / Townsh	The same of the sa	High Risk Land	Added Land P/T/V	Map Area Yield	Acres	Plant Date	o	Share % thers Sharing in	Сгор
										Yes No	Yes No	E	-				
Map Farm Name		Field Identification (FSN-Tract-Field) Admin ST/CT		ication Admin ST/CTY	Fld Name	GMF	Acres	Date	Map Farm Na	me (FS	Field lo	lentificat	I I ion Imin ST/CTY	Fld Name	GMF	Acres	Date

Please use the following codes for reason for Uninsured Acreage: 1=Late Planted / 2=Ineligible R	sk or Area / 3 Ineligible Practice or Type /	4=Ineligible Type / 5=Other / 6=Farm Unit Exc	luded / 9=No Yield Form Received / U	=Unknown Unit Structure / M=Master Yield
REMARKS SECTION				

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Insured's Printed Name	Signature	(Date)
	Agent Statement	
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I certify that I am responsible for establishing the approved APH my knowledge.	yields that are used to calculate the production guarantees contained in this acreage	report and that such approved APH yields are correct to the best of
ELBERT FRANKLIN TUCKER		
Agent's Printed Name	Signature	(Date) (Agent's Code)



Walton Kinney